


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90225 008 ****61.25

DOCUMENT # N99000007251 1. Entity Name DOROUGH LUPUS FOUNDATION, INC.					
Principal Place of Business 4690 LIPSCOMB ST. NE STE 5 PALM BAY, FL 32905			Mailing Address 4690 LIPSCOMB ST. NE STE 5 PALM BAY, FL 32905		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3603524	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERRING, ANGELIA 4690 LIPSCOMB ST NE #7 #5 PALM BAY, FL 32905				Name Street Address (P.O. Box Number is Not Acceptable) #5 City <div style="text-align: right;">FL Zip Code</div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOROUGH, HOWARD		NAME		
STREET ADDRESS	PO BOX 110176		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 329110176		CITY-ST-ZIP		
TITLE	PVSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRING, ANGELA		NAME	Herring, Angela	
STREET ADDRESS	POST OFFICE BOX 110176 N/A		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 329110176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOROUGH, JOHN		NAME		
STREET ADDRESS	PO BOX 110176		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 329110176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOROUGH, PAULA		NAME		
STREET ADDRESS	PO BOX 110176		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 329110176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOROUGH, HOKE		NAME		
STREET ADDRESS	PO BOX 110176		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 329110176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOROUGH, POLLYANNA		NAME		
STREET ADDRESS	PO BOX 110176		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 329110176		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Angelia Herring</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>7/28/04</i> (721) 725-8599 Daytime Phone #		

Angelia Herring