

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007251

FILED
Apr 30, 2008
Secretary of State

Entity Name: DOROUGH LUPUS FOUNDATION, INC.

Current Principal Place of Business:

4690 LIPSCOMB ST. NE STE 5
PALM BAY, FL 32905

New Principal Place of Business:

1193 SAN MATIO ST SE
PALM BAY, FL 32909

Current Mailing Address:

2582 S. MAGUIRE RD.
#104
OCOE, FL 34761

New Mailing Address:

FEI Number: 59-3603524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRING, ANGELIA
4690 LIPSCOMB ST NE #5
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

HERRING, ANGELIA
1193 SAN MATIO ST SE
PALM BAY, FL 32909 US

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.

SIGNATURE: ANGELIA HERRING

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOROUGH, HOWARD
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOE, FL 34761

Title: PVSD () Delete
Name: HERRING, ANGELIA
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: DOROUGH, JOHN
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: DOROUGH, PAULA
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: DOROUGH, HOKE
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: DOROUGH, POLLYANNA
Address: 2582 S. MAGUIRE RD. #104
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELIA HERRING

PVSD

04/30/2008

Electronic Signature of Signing Officer or Director

Date