

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90474 044 *****61.25

DOCUMENT # N99000007251

1. Entity Name

DOROUGH LUPUS FOUNDATION, INC.



Principal Place of Business

POST OFFICE BOX 100050
PALM BAY FL 32910

Mailing Address

POST OFFICE BOX 100050
PALM BAY FL 32910

60022907



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4690 Lipscomb St. NE, Ste #5

3. Mailing Address

4690 Lipscomb St. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Bay, FL

Ste #5

City & State

City & State

Palm Bay, FL

4. FEI Number **59-3603524**

Applied For

Not Applicable

Zip

32905

Country

Zip

32905

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERRING, ANGELIA

4690 LIPSCOMB ST NE #5

PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DOROUGH, HOWARD**
STREET ADDRESS **PO BOX 110176**
CITY-ST-ZIP **PALM BAY FL 32911-0176**

TITLE **STD** ☐ Delete
NAME **HERRING, ANGELA**
STREET ADDRESS **POST OFFICE BOX 110176 N/A**
CITY-ST-ZIP **PALM BAY FL 32911-0176**

TITLE **D** ☐ Delete
NAME **DOROUGH, JOHN**
STREET ADDRESS **PO BOX 110176**
CITY-ST-ZIP **PALM BAY FL 32911-0176**

TITLE **D** ☐ Delete
NAME **DOROUGH, PAULA**
STREET ADDRESS **PO BOX 110176**
CITY-ST-ZIP **PALM BAY FL 32911-0176**

TITLE **D** ☐ Delete
NAME **DOROUGH, HOKE**
STREET ADDRESS **PO BOX 110176**
CITY-ST-ZIP **PALM BAY FL 32911-0176**

TITLE **D** ☐ Delete
NAME **DOROUGH, POLLYANNA**
STREET ADDRESS **PO BOX 110176**
CITY-ST-ZIP **PALM BAY FL 32911-0176**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PVSD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **DALE L. COX**
STREET ADDRESS **PO Box 110176**
CITY-ST-ZIP **Palm Bay, FL 32911-0176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

4/25/03 (321) 725-8599

CR2E037 (10/02)