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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748892 (7)

1. Corporation Name

JOHN GILMORE RILEY FOUNDATION, INC.

Principal Place of Business

Mailing Address

419 EAST JEFFERSON ST.
TALLAHASSEE FL 32302

419 EAST JEFFERSON ST.
TALLAHASSEE FL 32301-1817



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAVIS, ROBERT L., JR.
16 NORTH ADAMS STREET
QUINCY FL 32351

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME POOLE, THOMAS H. SR.
STREET ADDRESS 419 EAST JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME BARNES, ALTHESE
STREET ADDRESS 2619 SUMMERWOOD AVE.
CITY-ST-ZIP TALLAHASSEE FL 32303

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME PEARSON, MARY
STREET ADDRESS 3128 GREEN ARBOR PL
CITY-ST-ZIP JACKSONVILLE FL 32211

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME RUSSELL, LEON
STREET ADDRESS 419 EAST JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME EVANS, CHARLES
STREET ADDRESS 419 EAST JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME TRAVIS, ROBERT
STREET ADDRESS 16 NORTH ADAMS STREET
CITY-ST-ZIP QUINCY FL 32351

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)