

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90238 025 \*\*\*\*61.25

**DOCUMENT # 748892**

1. Entity Name

JOHN GILMORE RILEY FOUNDATION, INC.



Principal Place of Business

419 EAST JEFFERSON ST.  
TALLAHASSEE FL 32302

Mailing Address

PO BOX 4261  
TALLAHASSEE FL 32315

04033076

2. Principal Place of Business

419 E. Jefferson Street

3. Mailing Address

P.O. Box 4261

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2314894

Applied For

☒ Not Applicable

Zip

32301

Country

U.S.

Zip

32315

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAVIS, ROBERT L., JR.  
2851 MUIRWOOD CT  
TALLAHASSEE FL 32312

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**  
**Due By May 1, 2004**

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	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, WANDA	
STREET ADDRESS	6989 NAPA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ANITA	
STREET ADDRESS	708 BRAGG DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DRUMMING, SAUNDRA	
STREET ADDRESS	2623 BANTRY BAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	LASSANSKE, PAUL	
STREET ADDRESS	6989 NAPA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLY, WALTER	
STREET ADDRESS	824 BARRIE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRAVIS, ROBERT	
STREET ADDRESS	2851 MUIRWOOD CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Gooding-Butler	
STREET ADDRESS	3978 Calle De Santos Rd	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Wells	
STREET ADDRESS	808 Windward Lane	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Benda	
STREET ADDRESS	2416 Old St Augustine Rd	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudia Anderson	
STREET ADDRESS	P.O. Box 15349	
CITY-ST-ZIP	Tallahassee, FL 32317	

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:** *Althemese Barnes* (Althemese Barnes) 4/10/04 (850) 681-7881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #