

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748892

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: JOHN GILMORE RILEY FOUNDATION, INC.

## Current Principal Place of Business:

419 E JEFFERSON ST.  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4261  
TALLAHASSEE, FL 32315

## New Mailing Address:

FEI Number: 59-2314894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOODING-BUTLER, SHIRLEY  
Address: 3978 CALLE DE SANTOS RD.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete  
Name: WELLS, DOROTHY  
Address: 808 WINDWARD LANE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD ( ) Delete  
Name: DRUMMING, SAUNDRA  
Address: 2623 BANTRY BAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete  
Name: LASSANSKE, PAUL  
Address: 6989 NAPA COURT  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: BENDA, NANCY  
Address: 2416 OLD ST. AUGUSTINE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: ANDERSON, CLAUDIA  
Address: P.O. BOX 15349  
City-St-Zip: TALLAHASSEE, FL 32317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition  
Name: GRIFFIN, PATRICIA  
Address: PO BOX 3606  
City-St-Zip: TALLAHASSEE, FL 32315

Title: V (X) Change ( ) Addition  
Name: PROCTOR, JOHN  
Address: 2347 7TH AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

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 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 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: ALTHAMESE BARNES

ED

04/30/2005

Electronic Signature of Signing Officer or Director

Date