

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009554

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC1532107549**

**Entity Name:** FORGOTTEN MAJORITY, INCORPORATED

**Current Principal Place of Business:**

5117 BROMPTON COURT  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

5117 BROMPTON COURT  
JACKSONVILLE, FL 32217

**FEI Number: 45-3643971**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRIFFIN, JONATHAN C  
1040 BISCAYNE BLVD  
#3608  
MIAMI, FL 33132 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name THOMPSON, JUDY  
Address 5117 BROMPTON COURT  
City-State-Zip: JACKSONVILLE FL 32217

Title EXV  
Name GRIFFIN, JONATHAN C  
Address 1040 BISCAYNE BLVD  
#3608  
City-State-Zip: MIAMI FL 33132

Title CTO  
Name GRIFFIN, JONATHAN C CTO  
Address 1040 BISCAYNE BLVD  
#3608  
City-State-Zip: MIAMI FL 33132

Title V  
Name RUTLEDGE, KIMBERLY  
Address 4818 SUSANNA WOODS CT.  
City-State-Zip: JACKSONVILLE FL 32257

Title LEGAL COUNSEL  
Name SMITH, MARIANNA ESQ.  
Address 10081 PERSIMMON HILLS CT.  
City-State-Zip: JACKSONVILLE FL 32256-3604

*I hereby 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 all other like empowered.*

**SIGNATURE: JUDY THOMPSON**

**PCEO**

**05/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date