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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Block 12 or Block 13 if changed, or on an attachment with an address

(8)

THE CLAUDE D. PEPPER FELLOWSHIP FOUNDATION, INCO

RPORATED (C.P.F.F.) Principal Place of Business Mailing Address 513 E. 9TH STREET C/O L.A. BLACK 3. Date Incorporated or Qualified SANFORD FL 32771 P O BOX 6946 07/08/1975 ARLINGTON VA 22206 4. FEI Number Applied For Not Applicable 59-1662912 2a. Mailing Address 2. Principal Piace of Business \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required 21 Suite, Apt. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? No. Yes 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. Yes Yes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 BLACK, LEE, A Street Address (P.O. Box Number is Not Acceptable) 513 E 9TH ST 83 SANFORD FL 32771 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE **VPD** 1.1 TITLE TITLE DTALNAKER, FAITH K 1.2 NAME NAME 2109 TUSCARORA TRAIL 1.3 STREET ADDRESS STREET ADDRESS **MAITLAND FL 32751** 1.4 CITY-ST-ZIP CITY-ST-7IP Addition DELETE Change 2.1 TITLE TITLE DANIELS, JOHN 2.2 NAME 927 W. 13TH ST. 2.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE HALL, AARON D JR. 3.2 NAME NAME 502 NW 83RD ST. 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33147 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4. 2 NAME CRAMER, ROBERT L 2109 TUSCARORA TRAIL 4.3 STREET ADDRESS STREET ADDRESS **MAITLAND FL 32751** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME SPENCER, GEORGE NAME STREET ADDRESS 1049 FLEMING AVE. **5.3 STREET ADDRESS** CITY-ST-ZIP COLUMBUS GA 31906 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE BLACK, LEE A 6.2 NAME NAME 513 E. 9TH ST. **6.3 STREET ADDRESS** STREET ADDRESS SANFORD FL 32771 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. 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 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 a my name appears in

FILED Aug 26 1998 8:00am Secretary of State

