

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90002 029 \*\*\*\*60.00

09-10-1999 90002 030 \*\*\*\*\*1.25

**DOCUMENT # 733239**

Corporation Name

**THE CLAUDE D. PEPPER FELLOWSHIP FOUNDATION, INCORPORATED (C.P.F.F.)**

Principal Place of Business

513 E. 9TH STREET  
SANFORD FL 32771

Mailing Address

C/O L.A. BLACK  
P O BOX 6946  
ARLINGTON VA 22206



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		07/08/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-1662912	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		28			
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	

**9. Name and Address of Current Registered Agent**

BLACK, LEE, A  
513 E 9TH ST  
SANFORD FL 32771

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

I, 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	
12.1	VPD DTALNAKER, FAITH K 2109 TUSCARORA TRAIL MAITLAND FL 32751 <input type="checkbox"/> DELETE	1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	TD DANIELS, JOHN 927 W. 13TH ST. SANFORD FL 32771 <input type="checkbox"/> DELETE	1.2	NAME
12.3	ASTD HALL, AARON D JR. 502 NW 83RD ST. MIAMI FL 33147 <input type="checkbox"/> DELETE	1.3	STREET ADDRESS
12.4	ATD CRAMER, ROBERT L 2109 TUSCARORA TRAIL MAITLAND FL 32751 <input type="checkbox"/> DELETE	1.4	CITY-ST-ZIP
12.5	SD SPENCER, GEORGE 1049 FLEMING AVE. COLUMBUS GA 31906 <input checked="" type="checkbox"/> DELETE	2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	PD BLACK, LEE A 513 E. 9TH ST. SANFORD FL 32771 <input type="checkbox"/> DELETE	2.2	NAME
		2.3	STREET ADDRESS
		2.4	CITY-ST-ZIP
		3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2	NAME
		3.3	STREET ADDRESS
		3.4	CITY-ST-ZIP
		4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2	NAME
		4.3	STREET ADDRESS
		4.4	CITY-ST-ZIP
		5.1	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2	NAME
		5.3	STREET ADDRESS
		5.4	CITY-ST-ZIP
		6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2	NAME
		6.3	STREET ADDRESS
		6.4	CITY-ST-ZIP

I, 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/99

Date

202-6351297

Daytime Phone #

CR2E037 (5/99)