

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90057 030 ****61.25

DOCUMENT # 733239

1. Entity Name

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



Principal Place of Business
1241 NW 88TH STREET
MIAMI FL 33147

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1662912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACK, LEE, A
1241 NW 88TH ST
MIAMI FL 33147

7. Name and Address of New Registered Agent

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, 2005

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	STALNAKER, FAITH K	
STREET ADDRESS	2109 TUSCARORA TRAIL	
CITY - ST - ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENRY, RONALD J	
STREET ADDRESS	1241 N.W. 88TH STREET	
CITY - ST - ZIP	MIAMI FL 32771	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	HALL, AARON D JR.	
STREET ADDRESS	502 NW 83RD ST.	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	CRAMER, ROBERT L	
STREET ADDRESS	2109 TUSCARORA TRAIL	
CITY - ST - ZIP	MAITLAND FL 32751	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSE, GLORIA	
STREET ADDRESS	3118 NEWTON ST NE	
CITY - ST - ZIP	WASHINGTON DC 20018	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACK, LEE A	
STREET ADDRESS	1241 NW 88TH STREET	
CITY - ST - ZIP	MIAMI FL 33147	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

Robert L. Cramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/05

Date

703-980-6280

Daytime Phone #