NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90150 001 ***122.50

DOCUMENT # 748892

1. Entity Name
John Gilmore Riley Foundation Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
419 East Jefferson Street	P.O. Box 4261
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fl	City & State: Tallahassee, Fl
Zip: 32301 Country: US	Zip: 32315 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2314894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert Travis

Street Address (P.O. Box Number is Not Acceptable): 2851 Muirwood CT

City: Tallahassee, **FL** Zip Code: 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wanda Whitehead 6989 NAPA Court Tallahassee, Fl 32311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Davis, Anita 708 Bragg Drive Tallahassee, Fl 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Drumming, Saundra 23 Bantry Bay Tallahassee, Fl 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Lassanske, Paul 223 Carr Lane Tallahassee, Fl 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kelly, Walter 824 Barrie Avenue Tallahassee, Fl 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Thompson, Sharyn 1229 Sarasota Drive Tallahassee, Fl 32301

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda Whitehead 4/28/03 881.6527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #