

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 016 ****75.00

DOCUMENT # N05000001520 1. Entity Name JESSIE L. PORTER MEMORIAL FOUNDATION, CORP.			
Principal Place of Business 708 BRAGG DRIVE TALLAHASSEE, FL 32305		Mailing Address 708 BRAGG DRIVE TALLAHASSEE, FL 32305-6706	
2. Principal Place of Business - No P.O. Box # 708 BRAGG DR Suite, Apt. #, etc.		3. Mailing Address 708 BRAGG DR Suite, Apt. #, etc.	
City & State Tallahassee / FL Zip 32305		City & State Tallahassee / FL Zip 32305	
Country LEON		Country LEON	
4. FEI Number 83-0420646		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, ANITA L. 708 BRAGG DRIVE TALLAHASSEE, FL 32305-6706		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Anita L. Davis, CEO/PRESIDENT</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5-22-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC DAVIS, ANITA L. 708 BRAGG DRIVE TALLAHASSEE, FL 323056706	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PORTER, RUSSELL L. 371 PHYLLIS STREET BUFFALO, NY 14215	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LYLES, MARK E. 708 BRAGG DRIVE TALLAHASSEE, FL 323056706	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, RAYMOND P. 729 HEMPSTED AVE. BUFFALO, NY 14211	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MORRIS S. 708 BRAGG DRIVE TALLAHASSEE, FL 323056706	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEYIFOUS, LYNN 2441 506 ROBERTS AVE. TALLAHASSEE, FL 32310	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DECEASED 01/31/08			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Anita L. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ANITA L. DAVIS Date 05-22-08 (850) 574-3075 <small>Daytime Phone #</small>	