

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006097

FILED
Jun 19, 2007
Secretary of State

Entity Name: THE DAVENPORT INSTITUTE, INC.

Current Principal Place of Business:

2001 16TH STREET NORTH
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

2001 16TH STREET NORTH
ST PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-3701511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JENSEN, PAUL C
2001 16TH STREET NORTH
ST PETERSBURG, FL 33704 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVENPORT, JEFFREY P
Address: 3806 PINEWALK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: DAVENPORT, JENNY
Address: 3806 PINEWALK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: GRIFFITH, JAMES T
Address: 11202 94TH STREET NORTH
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVENPORT, JEFFREY P
Address: 7955 DAWSONS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D (X) Change () Addition
Name: DAVENPORT, JENNY
Address: 7955 DAWSONS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JEFFREY P. DAVENPORT

D

06/19/2007

Electronic Signature of Signing Officer or Director

Date