

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N16404** (8)  
1. Corporation Name  
**THE MILDRED AND CLAUDE PEPPER FOUNDATION, INC.**Principal Place of Business  
**101 S MONROE ST  
TALLAHASSEE FL 32301  
US**  
Mailing Address  
**101 S MONROE ST  
TALLAHASSEE FL 32301-1529  
US**3. Date Incorporated or Qualified  
**08/18/1986**  
3a. Date of Last Report  
**02/05/1996**  
4. FEI Number  
**59-2711448**  
Applied For  
☐ Not Applicable2. Principal Place of Business  
**21 210 S. Woodward Avenue**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 Tallahassee, FL**  
Zip  
**24 32304**  
Country  
**25 USA**  
2a. Mailing Address  
**26 210 S. Woodward Avenue**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 Tallahassee, FL**  
Zip  
**29 32304**  
Country  
**30 USA**  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No9. Name and Address of Current Registered Agent  
**CAMPBELL, FRANCES H  
101 S MONROE ST  
TALLAHASSEE FL 32301**  
10. Name and Address of New Registered Agent  
**81 Name Campbell, Frances H.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 210 S. Woodward Avenue**  
**83**  
**84 City Tallahassee, FL** **85 Zip Code 32304**

11. 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) DATE12. OFFICERS AND DIRECTORS  
TITLE **D** ☐ DELETE  
NAME **D'ALEMBERTE, TALBOT**  
STREET ADDRESS **FSU, 211 WESCOTT BUILDING**  
CITY-ST-ZIP **TALL FL**  
TITLE **TD** ☐ DELETE  
NAME **SLIGER, BERNARD F DR.**  
STREET ADDRESS **3341 E. LAKE SHORE DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**  
TITLE **VD** ☐ DELETE  
NAME **SPULAK, THOMAS J**  
STREET ADDRESS **2300 N STREET, NW**  
CITY-ST-ZIP **WASHINGTON DC**  
TITLE **D** ☐ DELETE  
NAME **HUDAK, IRENE**  
STREET ADDRESS **10821 WESTBROOK DR**  
CITY-ST-ZIP **ORLANDO FL**  
TITLE **SD** ☐ DELETE  
NAME **CLEMENTS, ALLEN J**  
STREET ADDRESS **1004 ALOHA WAY**  
CITY-ST-ZIP **LADY LAKE FL**  
TITLE **DP** ☐ DELETE  
NAME **PEPPER, FRANK**  
STREET ADDRESS **1020 MERRITT DR**  
CITY-ST-ZIP **TALLAHASSEE FL**  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Brennan, James A.**  
1.3 STREET ADDRESS **3115 Granada Blvd.**  
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**  
2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Gordon, Jack D.**  
2.3 STREET ADDRESS **777 17th Street, Suite 401**  
2.4 CITY-ST-ZIP **Miami Beach, FL 33139**  
3.1 TITLE **President/D** ☐ Change ☒ Addition  
3.2 NAME **Campbell, Frances H.**  
3.3 STREET ADDRESS **210 S. Woodward Avenue**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32304**  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Frances H. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2-11-97

Daytime Phone # 0007399

CP2E037 (9/96)