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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16404** (8)

1. Corporation Name

THE MILDRED AND CLAUDE PEPPER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**210 S WOODWARD AVENUE
TALLAHASSEE FL 32304
US**

**210 S WOODWARD AVENUE
TALLAHASSEE FL 32304
US**

3. Date Incorporated or Qualified

08/18/1986

4. FEI Number

59-2711448

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, FRANCES H
210 S WOODWARD AVENUE
TALLAHASSEE FL 32304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ALEMBERTE, TALBOT	
STREET ADDRESS	FSU, 211 WESCOTT BUILDING	
CITY-ST-ZIP	TALL FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SLIGER, BERNARD F DR.	
STREET ADDRESS	3341 E. LAKE SHORE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPULAK, THOMAS J	
STREET ADDRESS	2300 N STREET, NW	
CITY-ST-ZIP	WASHINGTON DC	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDAK, IRENE	
STREET ADDRESS	10821 WESTBROOK DR	
CITY-ST-ZIP	ORLANDO FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, ALLEN J	
STREET ADDRESS	1004 ALOHA WAY	
CITY-ST-ZIP	LADY LAKE FL	

TITLE	DP	<input type="checkbox"/> 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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Campbell, Frances H.	
1.3 STREET ADDRESS	210 South Woodward Ave.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32304	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

SIGNATURE REQUIRED

1-7-98

Date

Daytime Phone # 0008130

CR2E037 (10/97)