

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90050 039 ****61.25

DOCUMENT # N16404

1. Corporation Name

THE MILDRED AND CLAUDE PEPPER FOUNDATION, INC.

Principal Place of Business
210 S WOODWARD AVENUE
TALLAHASSEE FL 32304
US

Mailing Address
210 S WOODWARD AVENUE
TALLAHASSEE FL 32304
US



2. Principal Place of Business

21 **636 WEST CALL ST.**

2a. Mailing Address

26 **636 WEST CALL ST.**

3. Date Incorporated or Qualified

08/18/1986

Suite, Apt. #, etc.

22 **TALLAHASSEE, FL**

Suite, Apt. #, etc.

27 **TALLAHASSEE, FL**

4. FEI Number

59-2711448

Applied For

Not Applicable

City & State

23 **32306-1122**

City & State

28 **32306-1122**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **US**

Zip

Country

29 **US**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **D'ALEMBERTE, TALBOT**
STREET ADDRESS **FSU, 211 WESCOTT BUILDING**
CITY-ST-ZIP **TALL FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **SLIGER, BERNARD F DR.**
STREET ADDRESS **3341 E. LAKE SHORE DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **SPULAK, THOMAS J**
STREET ADDRESS **2300 N STREET, NW**
CITY-ST-ZIP **WASHINGTON DC**

3.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **HUDAK, IRENE**
STREET ADDRESS **10821 WESTBROOK DR**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **CLEMENTS, ALLEN J**
STREET ADDRESS **1004 ALOHA WAY**
CITY-ST-ZIP **LADY LAKE FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE **DP** ☐ DELETE

NAME **PEPPER, FRANK**
STREET ADDRESS **1020 MERRITT DR**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-99
Date

Daytime Phone #

CR2E037 (1/98)