


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90027 025 ****61.25

DOCUMENT # N16404	
1. Entity Name THE CLAUDE PEPPER FOUNDATION, INC.	

Principal Place of Business 636 WEST CALL ST. TALLAHASSEE FL 32306-1122 US	Mailing Address 636 WEST CALL ST. TALLAHASSEE FL 32306-1122 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2711448		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 CAMPBELL, FRANCES H 636 WEST CALL ST TALLAHASSEE FL 32306-1122		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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  **Stephen R. MacNamara, Executive Director, February 10, 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALEMBERTE, TALBOT FSU, 211 WESCOTT BUILDING TALLAHASSEE FL 32306-1601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please See Attached List
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLIGER, BERNARD F DR. 3341 E. LAKE SHORE DR. TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SPULAK, THOMAS J 2300 N STREET, NW WASHINGTON DC 20037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDAK, IRENE 1501 LAKE VILLA DR LARGO FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEMENTS, ALLEN J 2205 7TH AVE DR E BRADENTON FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER, TINA 4425 MEANDERING WAY, APT. 310, OAKS TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:  **Stephen R. MacNamara, Executive Director, February 10, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2005**

ATTACHMENT

40019276

THE CLAUDE PEPPER FOUNDATION, INC.

CLAUDE PEPPER FOUNDATION BOARD OF DIRECTORS

FEBRUARY 2005

THOMAS J. SPULAK, Chair/President

Shaw Pittman

2300 N Street, N.W. C, P, D
Washington, DC 20037
PHONE: 202/663-8118
FAX: 202/663-8518
EMAIL: thomas_spulak@shawpittman.com

IRENE HUDAK, Executive Vice President

1619 Lake Villa Drive VP/O
Tavares, FL 32778
PHONE: 352/343-8522
FAX: 352/343-7376
EMAIL: hudak711@aol.com

BERNARD F. SLIGER, Treasurer

3341 E. Lake Shore Drive T/O
Tallahassee, FL 32312
FSU PHONE: 850/644-7722
FSU FAX: 850/644-9866
HOME PHONE: 850/386-2891
EMAIL: sliger@mailier.fsu.edu
SUMMER ADDRESS:
1660 Sand Point Road/P.O. Box 652
Munising, MI 49862
PHONE: 906/387-4328

ALLEN CLEMENTS, JR., Secretary

6904 44th Avenue West, Lot 80 S/D
Bradenton, FL 34209
PHONE: 941/794-8348

STEPHEN R. MACNAMARA

Executive Director

Florida State University EX D
636 West Call Street
Tallahassee, FL 32306-1122
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FAX: 850/644-9301
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JAMES A. BRENNAN, SR.

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FRANCES H. CAMPBELL

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Tallahassee, FL 32309
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MARIE COWART

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TALBOT D'ALEMBERTE

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