2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16404

FILED Jan 05, 2012 Secretary of State

Entity Name: THE CLAUDE PEPPER FOUNDATION, INC.

Current Principal Place of Business:

TALLAHASSEE, FL 323061122 US

New Principal Place of Business:

CLAUDE PEPPER CENTER 636 WEST CALL STREET

TALLAHASSEE, FL 323061122 US

Current Mailing Address:

CLAUDE PEPPER CTR 636 WEST CALL STREET

New Mailing Address:
CLAUDE PEPPER CENTER

CLAUDE PEPPER CTR
636 WEST CALL STREET
636 WEST CALL STREET
TALLAHASSEE, FL 323061122 US
636 WEST CALL STREET
636 TALLAHASSEE, FL 323061122 US

FEI Number: 59-2711448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HERNDON, TOM
636 WEST CALL ST
CLAUDE PEPPER CTR
TALLAHASSEE, FL 323061122 US
HERNDON, TOM
636 WEST CALL ST
CLAUDE PEPPER CENTER
TALLAHASSEE, FL 323061122 US
TALLAHASSEE, FL 323061122 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: 01/05/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CPD

Name: SPULAK, THOMAS J

Address: 1700 PENNSYLVANIA AVENUE, N.W.

City-St-Zip: WASHINGTON, DC 20006

Title: EVPD

Name: HUDAK, IRENE

Address: 1465 GRANDVIEW BOULEVARD

City-St-Zip: KISSIMMEE, FL 34744

Title: SD

Name: MACNAMARA, STEPHEN R

Address: P.O. BOX 688

City-St-Zip: TALLAHASSEE, FL 32302

Title: TED

Name: HERNDON, TOM

Address: 552 WOODFERN COURT City-St-Zip: TALLAHASSEE, FL 32312

Title: D

Name: CAMPBELL, FRANCES H Address: 3943 LEANE DR

City-St-Zip: TALLAHASSEE, FL 32309

Title: D

Name: PEPPER, TINA

Address: 4425 MEANDERING WAY, APT. 310, OAK SOUTH

City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: TOM HERNDON ED 01/05/2012