

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 12 AM 12:23**

**DOCUMENT # N20582 (5)**  
1. Corporation Name  
**JANE DAMM MCPHERSON FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**C/O JANE DAMM MCPHERSON  
6417 7TH AVENUE NORTH  
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1987** 3a. Date of Last Report **03/23/1994**  
4. FEI Number **59-2804151** Applied For ☐  
Not Applicable ☒  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**MCPHERSON, JANE DAMM  
6417 7TH AVENUE NORTH  
ST. PETERSBURG FL 33710**

**10. Name and Address of New Registered Agent**

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 607.0502 and 607.1508, 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 607.0505, 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                      | PD                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCPHERSON, JANE DAMM  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6417 7TH AVENUE NORTH | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ST. PETERSBURG FL     | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCPHERSON, HUGH M.    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8290 NW 60TH AVE.     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | OCALA FL              | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOYDEN, JOEL M.       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2148 ELLIOTT, SE      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | GRAND RAPIDS MI       | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*Jane Damm McPherson*  
JANE DAMM MCPHERSON  
DIRECTOR

4/3/95 (813) 384-4508  
Date Signature #