FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20644** **(3)**

1. Corporation Name

THE JAMES MADISON INSTITUTE FOR PUBLIC POLICY STUDIES, INC.

Principal Place of Business	Mailing Address
2010 DELTA BLVD 2ND FLOOR TALLAHASSEE FL 32303 US	P. O. BOX 13894 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2811908	☐ 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 $ 100,000. Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

SLEPIN, STEPHEN MARC
1114 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Smith John R.
82 Street Address (P.O. Box Number is Not Acceptable): 2010 Delta Blvd 2nd Fl.
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: John R. Smith John R. Smith VicePresident 5-1-95
(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	CDP	11 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, J. STANLEY	12 NAME	
STREET ADDRESS	5009 BRILL POINT	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	D ☑ Change ☐ Addition
NAME	MIXSON, WAYNE	22 NAME	
STREET ADDRESS	2219 DEMERON RD.	23 STREET ADDRESS	(no longer Treasurer)
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HORNE, MALLORY E	32 NAME	
STREET ADDRESS	ROUTE 1 BOX 942	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	VP ☐ Change ☑ Addition
NAME	SMITH, JOHN R	42 NAME	
STREET ADDRESS	2662 NOBLE DR	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	TD ☐ Change ☑ Addition
NAME		52 NAME	H. Jay Skelton
STREET ADDRESS		53 STREET ADDRESS	4620 Ortega Forest Dr.
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville FL 32210
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: John R. Smith John R. Smith 5-1-95 (904) 386-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027961