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FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20644** (3)

1. Corporation Name

**THE JAMES MADISON INSTITUTE, INC.**

Principal Place of Business

**8017 DELTA BLVD  
STE 102  
TALLAHASSEE FL 32303  
US**

Mailing Address

**P. O. BOX 13894  
TALLAHASSEE FL 32317-3894**



2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified  
**05/14/1987**

3a. Date of Last Report  
**05/01/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SMITH, JOHN R.  
2017 DELTA BLVD  
STE 102  
TALLAHASSEE FL 32303**

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CDP  
MARSHALL, J STANLEY  
2017 DELTA BLVD STE 102  
TALLAHASSEE FL**

☐ DELETE

**P  
SCHWEIZER, PETER  
2010 DELTA BLVD.  
TALLAHASSEE FL 32303**

☒ DELETE

**VS  
SMITH, JOHN R  
2017 DELTA BLVD STE 102  
TALLAHASSEE FL**

☐ DELETE

**V  
MIXSON, WAYNE  
2219 DEMERON ROAD  
TALLAHASSEE FL**

☐ DELETE

**TD  
SKELTON, H. JAY  
4620 ORTEGA FOREST DR.  
JACKSONVILLE FL**

☒ DELETE

**D  
BARNETT, HOYT ROBINSON  
P. O. BOX 407  
LAKELAND FL 32802-0407**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**32303**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☒ Change ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**Director**

**Frank S. Shaw, Jr.**

**4024 North Meridian Road**

**Tallahassee, FL 32312**

**Director**

**Barnett, Hoyt Robinson**

**P.O. Box 407 (N/A)**

**Lakeland FL 32802-0407**

14. I do 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.

SIGNATURE **John R. Smith** **John R. Smith** **11-15-97** **2017 DELTA BLVD**

CR2E037 (9/96)