

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90061 025 ****70.00

DOCUMENT # N20644

1. Corporation Name

THE JAMES MADISON INSTITUTE, INC.

Principal Place of Business

2017 DELTA BLVD
STE 102
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 37460
TALLAHASSEE FL 32315
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/14/1987

4. FEI Number

59-2811908

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHRISTIAN, SUSAN
2017 DELTA BLVD
SUITE 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 Suite 102

84 City

FL 85 Zip Code
32303

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDP
NAME MARSHALL, J STANLEY
STREET ADDRESS 2017 DELTA BLVD STE 102
CITY-ST-ZIP TALLAHASSEE FL
☐ DELETETITLE SD
NAME FIORENTINO, T MARTIN
STREET ADDRESS 500 WATER STREET, SCJ 120
CITY-ST-ZIP JACKSONVILLE FL 32202
☐ DELETETITLE D
NAME MIXSON, WAYNE
STREET ADDRESS 2219 DEMERON ROAD
CITY-ST-ZIP TALLAHASSEE FL
☒ DELETETITLE D
NAME SHAW, FRANK S JR.
STREET ADDRESS 4024 NORTH MEDRIDIAN RD
CITY-ST-ZIP TALLAHASSEE FL
☐ DELETETITLE D
NAME BARNETT, HOYT ROBINSON
STREET ADDRESS PO BOX 407 N/A
CITY-ST-ZIP LAKE LAND FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, CEO + Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 323032.1 TITLE Director only ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE Chairman + Director ☐ Change ☒ Addition
3.2 NAME John A. Delaney
3.3 STREET ADDRESS 220 E. Bay Street FL 14
3.4 CITY-ST-ZIP Jacksonville FL 32202 - 34814.1 TITLE Director + Treasurer ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 323125.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33802
☐ Change ☒ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Stanley Marshall

4-27-99

350-386-3131

Date

Daytime Phone #

CR2E037 (11/98)

0008902