2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2002 8:00 am Secretary of State DOCUMENT # **N20644** Entity Name ITHE JAMES MADISON INSTITUTE - A FOUNDATION FOR F 02-20-2002 90184 033 ****70.00 LORIDA'S FUTURE, INC. incipal Place of Business Mailing Address POST OFFICE BOX 37460 17 DELTA BLVD TALLAHASSEE FL 32315 LLAHASSEE FL 32303 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2811908 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHRISTIAN, SUSAN 2017 DELTA BLVD **STE 102** City itallahassee FL 3233 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. GNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition , LE ☐ Delete TITLE HORNE, MALLORY E **AME** NAME REET ADDRESS 301 S BRONOUGH STE 200 STREET ADDRESS . TY - ST - 71P TALLAHASSEE FL 32301 CITY-ST-7iP Addition ☐ Delete ☐ Change TITLE TLE MARSHALL, J. STANLEY NAME MΕ P.O. BOX 37460 STREET ADDRESS REET ADDRESS CITY-ST-ZIP . Ty-ST-Zip TALLAHASSEE FL 32315-7460 ☐ Change ☐ Addition ☐ Delete TITLÉ ŤLE MOORE, EDWIN H NAME ME 2017 DELTA BLVD STE 102 STREET ADDRESS REET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 TY-ST-ZIP delete "C" CS Change ☐ Addition TITLE ŤLE ☐ Delete CHRISTIAN, SUSAN T ME NAME REET ADDRESS 2017 DELTA BLVD. STREET ADDRESS TY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP VICE Chairman Change X Addition TLE ☐ Delete TITLE Linda Gill NAME ME 1140, Sealoreeze Blud. REET ADDRESS STREET ADDRESS 33316 Linderdale FL TY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TLE ☐ Delete TITLE AME. NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP

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 report or supplemental 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 10 or Block 11 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

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Additional Directors of The James Madison Institute prepared as an attachment to 2002 Uniform Business Report

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