

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20644

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** THE JAMES MADISON INSTITUTE - A FOUNDATION FOR FLORIDA'S FUTURE, INC.

**Current Principal Place of Business:**

2017 DELTA BLVD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

2017 DELTA BLVD  
STE 102  
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

POST OFFICE BOX 37460  
TALLAHASSEE, FL 32315

**New Mailing Address:**

**FEI Number:** 59-2811908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLURE, J. ROBERT III  
2017 DELTA BLVD  
STE 102  
TALLAHASSEE, FL 3233 US

**Name and Address of New Registered Agent:**

MCCLURE, J. ROBERT III  
2017 DELTA BLVD  
STE 102  
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: J. ROBERT MCCLURE III

04/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCLURE, J. ROBERT III  
Address: 1568 CRISTOBAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VC ( ) Delete  
Name: MARSHALL, J. STANLEY  
Address: 5000 BRILL POINT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: GIBBS, GEORGE W  
Address: 8500 HECKSCHER DRIV  
City-St-Zip: JACKSONVILLE, FL 32226

Title: S ( ) Delete  
Name: LINER, REBECCA S  
Address: 2017 DELTA BLVD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: SWAIN, JEFFREY V  
Address: 1899 MILER LANDING ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: DUNN, REBECCA  
Address: 100 BEACH DRIVE NE #220  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCCLURE, J. ROBERT III  
Address: 1568 CRISTOBAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. ROBERT MCCLURE III

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date