

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20644

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

2017 DELTA BLVD
STE 102
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

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 32303 US

Name and Address of New Registered Agent:

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:

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: 5005 YACHT CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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 MILLER LANDING ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: DUNN, REBECCA
Address: 201 EL VEDADO ROAD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date