


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90091 031 ****61.25

DOCUMENT # N96000006214 1. Entity Name CORRECTIONS FOUNDATION, INC.					
Principal Place of Business 2601 BLAIR STONE ROAD ROOM A312 TALLAHASSEE, FL 32399			Mailing Address 2601 BLAIR STONE ROAD ROOM A312 TALLAHASSEE, FL 32399		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01182007 Chg-NP CR2E037 (12/06)
4. FEI Number 59-3440417				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAINWRIGHT, LOUIE L PRES 2601 BLAIR STONE ROAD ROOM A312 TALLAHASSEE, FL 32399-2500			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAINWRIGHT, LOUIE L 839 PARK AVENUE, SUITE A TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOM, RUSH 2005 APALACHEE PARKWAY TALLAHASSEE, FL 32399		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVE, MECUSKER 2601 BLAIR STONE ROAD TALLAHASSEE, FL 323992500		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7819 NW 228th Street Lawtey FL 32026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD LOGUE, SHERI 2601 BLAIR STONE ROAD TALLAHASSEE, FL 323992500		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYAN, MARY ELLEN HCR 2, BOX 144 BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 Melaleuca Drive Crawfordville, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIMER, RICHARD J 305 SARATOGA DR. TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betty Bennett 906 SE 58th Street Keystone Heights FL 32656	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sheri S. Logue</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/17/07</u> Daytime Phone #: <u>410-4475</u>		