

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

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.

02052008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3440417

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAINWRIGHT, LOUIE L PRES
2601 BLAIR STONE ROAD
ROOM A312
TALLAHASSEE, FL 32399-2500**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WAINWRIGHT, LOUIE L**
STREET ADDRESS **839 PARK AVENUE, SUITE A**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **V** ☐ Delete
NAME **TOM, RUSH**
STREET ADDRESS **2005 APALACHEE PARKWAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32399**

TITLE **T** ☐ Delete
NAME **DAVE, MECUSKER**
STREET ADDRESS **7819 NW 228TH ST**
CITY-ST-ZIP **LAWTEY, FL 32026**

TITLE **AD** ☐ Delete
NAME **LOGUE, SHERI**
STREET ADDRESS **2601 BLAIR STONE ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 323992500**

TITLE **D** ☐ Delete
NAME **DAYAN, MARY ELLEN**
STREET ADDRESS **110 MELALEUCA DR**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **D** ☐ Delete
NAME **BENNETT, BETTY**
STREET ADDRESS **806 SE 58TH ST**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **U000000862994**
STREET ADDRESS **04/03/08-80072-025 61.25**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Sheri L. Logue*

3/5/08