2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16404

Entity Name: THE CLAUDE PEPPER FOUNDATION, INC.

Current Principal Place of Business:

CLAUDE PEPPER CENTER 636 WEST CALL STREET TALLAHASSEE, FL 32306-1122

Current Mailing Address:

CLAUDE PEPPER CENTER 636 WEST CALL STREET TALLAHASSEE, FL 32306-1122 US

FEI Number: 59-2711448 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACNAMARA, STEPHEN R 1071 MYERS PARK DRIVE TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

FILED Apr 01, 2024

Secretary of State

0773144676CC

Officer/Director Detail:

Title	CHAIRMAN, PRESIDENT, DIRECTOR	Title	SECRETARY, TREASURER
Name	SPULAK, THOMAS J	Name	MACNAMARA, STEPHEN R
Address	5915 WOODLEY ROAD	Address	1071 MYERS PARK DRIVE
City-State-Zip:	MCLEAN VA 22101	City-State-Zip:	TALLAHASSEE FL 32301

Title VP, DIRECTOR Title DIRECTOR

Name GREENAWAY, HEATHER W. Name WILLIS, BRANSON 8640 BLUE FLAG WAY Address 21 HEMLOCK WAY Address City-State-Zip: NAPLES FL 34109 City-State-Zip: CRAWFORDVILLE FL 32327

Title **DIRECTOR** Title DIRECTOR

Name CARTER, MATTHEW M. II Name AUSLEY, LORANNE

1904 MICCOSUKEE ROAD, UNIT 6 Address Address 826 WASHINGTON STREET

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32303

DIRECTOR Title Title **DIRECTOR**

Name CARR, DAWN C. MEEK, KENDRICK B. Name

Address 636 WEST CALL STREET Address KING & SPALDING LLP

1700 PENNSYLVANIA AVENUE, N.W. City-State-Zip: TALLAHASSEE FL 32306

City-State-Zip: WASHINGTON DC 20006

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I hereby 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 all other like empowered.

SIGNATURE: STEPHEN R. MACNAMARA

DIRECTOR

04/01/2024

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name CHAPIN, TIMOTHY S. Name CRAWFORD, GEORGE

Address 113 COLLEGIATE LOOP, ROOM 160 Address 1700 PENNSYLVANIA AVE

City-State-Zip: TALLAHASSEE FL 32306 City-State-Zip: WASHINGTON DC 20006

Title DIRECTOR Title DIRECTOR

Name CRENSHAW, ALEXANDER M. Name THRASHER, JOHN E.

Address 2358 RIVERSIDE AVE #801 Address 3513 ESPLANADE WAY

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: TALLAHASSEE FL 32311