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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002839 (8)**

1. Corporation Name
ZERO POPULATION GROWTH, INCORPORATED

Principal Place of Business	Mailing Address
1400 SIXTEENTH ST., N.W. SUITE 320 WASHINGTON DC 20036	1400 SIXTEENTH ST., N.W. SUITE 320 WASHINGTON DC 20036-2290

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 94-1703155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMSON, MICHAEL
3145 HYDE PARK PL.
PENSACOLA FL 32503-5845

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DILLON-RIDGLEY, DIANNE		1.2 NAME	Judith Jacobsen	
STREET ADDRESS	P.O. BOX 2982 N/A		1.3 STREET ADDRESS	6138 Simmons Dr.	
CITY-ST-ZIP	IOWA CITYES IO 52245		1.4 CITY-ST-ZIP	~~Boulder, CO 80303~~	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ATKINS, CHET		2.2 NAME	Eugene Kutscher	
STREET ADDRESS	1540 MONUMENT STREET		2.3 STREET ADDRESS	80-26 189th St.	
CITY-ST-ZIP	CONCORD MA 01742		2.4 CITY-ST-ZIP	Jamaica, NY 11423	
TITLE	VPD	☐ DELETE	3.1 TITLE	Sec	☐ Change ☒ Addition
NAME	LEACH, EDWIN F II		3.2 NAME	Martha Monroe	
STREET ADDRESS	80 RIDGEWOOD ROAD		3.3 STREET ADDRESS	7127 Maple Ave.	
CITY-ST-ZIP	ATTLEBORO MA 02703		3.4 CITY-ST-ZIP	Takoma Park, MD 20912	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, ALDEN		4.2 NAME		
STREET ADDRESS	15 MONTGOMERY AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAKOMA PARK MD		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIRAK, HOWARD		5.2 NAME		
STREET ADDRESS	2399 COMMONWEALTH PARK SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, JUDITH		6.2 NAME		
STREET ADDRESS	10570 FALLIS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOVELAND OH		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.