FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 18 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F94000002839

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/31/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 94-1703155 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSEN, JUDITH		1.2 NAME		
STREET ADDRESS	6138 SIMMONS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOULDER CO		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KUTSCHER, EUGENE		2.2 NAME		
STREET ADDRESS	80-26 189TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAMAICA NY		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEACH, EDWIN F II		3.2 NAME		
STREET ADDRESS	80 RIDGEWOOD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATTLEBORO MA 02703		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	MEYER, ALDEN		4.2 NAME	Joe E. Bailey	
STREET ADDRESS	15 MONTGOMERY AVENUE		4.3 STREET ADDRESS	Monticello Software	
CITY-ST-ZIP	TAKOMA PARK MD		4.4 CITY-ST-ZIP	6411 Carter Lane, Mineral, VA 23117	
TITLE	S	☒ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	MONROE, MARTHA		5.2 NAME	Rosamond Reed Wulsin	
STREET ADDRESS	7127 MAPLE AVE		5.3 STREET ADDRESS	7114 Woodland Avenue	
CITY-ST-ZIP	TAKOMA PARK MD		5.4 CITY-ST-ZIP	Takoma Park, MD 20912	
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		

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14. I 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, with all other like empowered.

SIGNATURE: Rosamond Reed Wulsin Rosamond Reed Wulsin 3/12/99 202-332-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #