

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
FILED
95 APR 28 PM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47117 (9)

1. Corporation Name
**FLORIDA PUBLIC INTEREST RESEARCH GROUP CITIZEN L
OBBY, INC.**

Principal Place of Business Mailing Address
420 E CALL STREET SUITE 213 TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/03/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3109773** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **420 E. call Street** 26 **420 E. call St.**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **Tallahassee, FL** 28 **Tallahassee, FL**
24 **32301** 25 **USA** 29 **32301** 30 **USA**

9. Name and Address of Current Registered Agent
**TRILSCH, RICK
FLORIDA PIRG
420 E. CALL STREET
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITFIELD, ANN	1 2 NAME	
STREET ADDRESS	1229 N. DUVAL ST.	1 3 STREET ADDRESS	1425 N. Duval St.
CITY - ST - ZIP	TALLAHASSEE FL	1 4 CITY - ST - ZIP	Tallahassee, FL 32303
TITLE	VCD	2 1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL, ATHAN	2 2 NAME	Lindberg, Susannah
STREET ADDRESS	1519 T ST., NW	2 3 STREET ADDRESS	1300 - B Nyllic St.
CITY - ST - ZIP	WASHINGTON DC	2 4 CITY - ST - ZIP	Tallahassee, FL 32304
TITLE	STD	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, CARL	3 2 NAME	
STREET ADDRESS	6055 MAJORS LANE, #3	3 3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBIA MD	3 4 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, TOM	4 2 NAME	
STREET ADDRESS	1711 N. MERIDIAN ROAD, #10	4 3 STREET ADDRESS	1425 N. Duval St.
CITY - ST - ZIP	TALLAHASSEE FL	4 4 CITY - ST - ZIP	Tallahassee, FL 32303
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5 2 NAME	ST D Trilsch, Richard
STREET ADDRESS		5 3 STREET ADDRESS	1229 N. Duval St.
CITY - ST - ZIP		5 4 CITY - ST - ZIP	Tallahassee, FL 32303
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Richard W. Trilsch **Richard W. Trilsch** 4/19/95 **4/19/95** 904-224-5304 **904-224-5304**
Typed Name and Title of Signing Officer or Director Date