

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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~~ **2720 Apalachee Pkwy 32301**
~~420 E. CALL ST. SUITE 213 TALLAHASSEE FL 32301 US~~ **2720 Apalachee Pkwy 32301**

3. Date Incorporated or Qualified **02/03/1992** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 **420 E. CALL ST** 26 **420 E. CALL ST**
Suite, Apt., etc. Suite, Apt., etc.
22 **SUITE 213** 27 **SUITE 213**
City & State City & State
23 **TALL, FL** 28 **TALL, FL**
Zip Country Zip Country
24 **32301 Leon** 29 **32301 Leon** 30 **Leon**

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

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

10. Name and Address of New Registered Agent
81 Name **Dan Jacobson**
82 Street Address (P.O. Box Number is Not Acceptable) ~~420 E. CALL ST~~
83 **2720 Apalachee Pkwy**
84 City **TALL** 85 Zip Code **FL 32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 *Dan Jacobson*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WHITFIELD, ANN	
STREET ADDRESS	1425 N. DUVAL ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	LINDBERG, SUSANNAH	
STREET ADDRESS	1300-B NYLIC ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, CARL	
STREET ADDRESS	6055 MAJORS LANE, #3	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, TOM	
STREET ADDRESS	1425 N. DUVAL ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TRILSCH, RICHARD	
STREET ADDRESS	1229 N. DUVAL ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CAMPAIGN DIR Dan Jacobson
6.3 STREET ADDRESS	4175 S MAXWELL BLVD
6.4 CITY-ST-ZIP	TALL FL 32311

000001788360
-04/22/96 --01027--031 Change Addition
***61.25

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: *Dan Jacobson* **3/4/96** **904-224-8204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)