

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47117 (9)

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



Principal Place of Business 2720 APALACHEE PKWY. TALLAHASSEE FL 32301 US	Mailing Address 2720 APALACHEE PKWY. TALLAHASSEE FL 32301-3636 US
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3. Date Incorporated or Qualified 02/03/1992	3a. Date of Last Report 04/20/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3109773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACOBSON, DAN
2720 APALACHEE PKWY.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITFIELD, ANN		1.2 NAME	
STREET ADDRESS 1425 N. DUVAL ST.		1.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		1.4 CITY - ST - ZIP	
TITLE VCD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDBERG, SUSANNAH		2.2 NAME	
STREET ADDRESS 1300-B NYLIC ST.		2.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		2.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, TOM		4.2 NAME	
STREET ADDRESS 1425 N. DUVAL ST		4.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		4.4 CITY - ST - ZIP	
TITLE STD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRILSCH, RICHARD		5.2 NAME	
STREET ADDRESS 1229 N. DUVAL ST.		5.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL		5.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JZCOBSON, DAN		6.2 NAME	
STREET ADDRESS 4175 S. MAXWELL BLVD.		6.3 STREET ADDRESS	
CITY - ST - ZIP TALLAHASSEE FL 32311		6.4 CITY - ST - ZIP	

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.

SIGNATURE:  **RECORDED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007441

CR2E037 (9/96)