

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2720 APALACHEE PKWY. TALLAHASSEE FL 32301 US	Mailing Address 2720 APALACHEE PKWY. TALLAHASSEE FL 32301 US
--	--

3. Date Incorporated or Qualified 02/03/1992
4. FEI Number 59-3109773
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 704 West Madison ST.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28
Zip 24 32304	Country 25 USA
	Country 29
	30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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 Mark Ferrulo
82 Street Address (P.O. Box Number Is Not Acceptable) 704 West Madison ST.
83
84 City Tallahassee
85 Zip Code FL 32304

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 *Mark Ferrulo* **Mark Ferrulo Director** **4/30/98**

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

12. OFFICERS AND DIRECTORS

TITLE CD	NAME WHITFIELD, ANN	<input type="checkbox"/> DELETE
STREET ADDRESS 1425 N. DUVAL ST.	CITY-ST-ZIP TALLAHASSEE FL	
TITLE VCD	NAME LUNDBERG, SUSANNAH	<input type="checkbox"/> DELETE
STREET ADDRESS 1300-B NYLIC ST.	CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	NAME PERRY, CARL	<input type="checkbox"/> DELETE
STREET ADDRESS 6055 MAJORS LANE, #3	CITY-ST-ZIP COLUMBIA MD	
TITLE D	NAME POWERS, TOM	<input type="checkbox"/> DELETE
STREET ADDRESS 1425 N. DUVAL ST	CITY-ST-ZIP TALLAHASSEE FL	
TITLE STD	NAME TRILSCH, RICHARD	<input type="checkbox"/> DELETE
STREET ADDRESS 1229 N. DUVAL ST.	CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	NAME JACOBSON, DAN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4175 S. MAXWELL BLVD.	CITY-ST-ZIP TALLAHASSEE FL 32311	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Mark Ferrulo
6.4 CITY-ST-ZIP	704 W. Madison ST Tallahassee, FL 32304

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.

SIGNATURE: *Mark Ferrulo* **4/30/98** **850-224-3321**

CR2E037 (10/97)