NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N47117 1. Corporation Name

FLORIDA PUBLIC INTEREST RESEARCH GROUP CITIZEN L OBBY, INC.

Principal Place of Business
704 W. MADISON ST
TALLAHASSEE FL 32304
us

2. Principal Place of Business

Mailing Address

704 W. MADISON ST TALLAHASSEE FL 32304

2a. Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90002 032 ****61.25

3. Date incorporated or Qualifed

02/03/1992

City & State	Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number		Ar	plied For		
City & State City & State	22	m, 010.	⊢ ' ' '			59-3109773		<u> </u>			
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Zip Country Zip Country St. Belcicin Campaign Financing \$5.00 May Be Added to Fees	¬ '	•	<u> </u>			5. Certifcate of Status Desired	Ц	Fee Re	equired		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. Furruant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the aboven-amend corporation submits this statement for the purpose of changing its registered agent, 1 am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes, the aboven-amend corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes, the aboven-amend corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes, the aboven-amend corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. 15. Corporation is statuted by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. 16. Vicing Pagents Agent age		Country		Country		6. Flection Campaign Financing		\$5.00	May Be		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	24		⊢ `	0		, , ,	Ш		•		
FERRILLO, MARK 704 W. MADISON ST TALLAHASSEE FL 32304 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 City FL	£**					10. Name and Address of New F	Registered A	Agent			
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TALLAHASSEE FL 32304 83				82	82 Street Address (P.O. Box Number is Not Acceptable)						
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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 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 The company of minimal agent and title of applicable (NOTE: Registered Agent algorithms required when: remarking) DATE	TALLAHAS	SSEE FL 32304									
11. Pursuant to the provisions of Sections 617 (5002 and 617,1500; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, a 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, and accept the obligations of, section 617,0503, Florida Statutes. SIGNATURE Signature, hybed or printed name of registered agent and title of applicable. (NOTE: Registered Agent agent agent and title of applicable. (NOTE: Registered Agent agent agent agent and title of applicable. (NOTE: Registered Agent				84	City		EI	85 Zip	Code		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's position of interiors. Interest agent, is an an accept the obligations of, Section 617 5030, Florida's Statutes. SIGNATURE Signature. Sport or printed name of registered agent and their applicable. (NOTE Registered Agent sporture required when remainting) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 TITLE UCD Change Addition WHITFIELD, ANN 1425 N. DUVAL ST. TALLAHASSEE FL 14. CITY-ST-2P TALLAHASSEE FL 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LY NAME 1425 N. DUVAL ST. 13. STREET ADDRESS 14. CITY-ST-2P TALLAHASSEE FL 14. CITY-ST-2P TALLAHASSEE FL 14. CITY-ST-2P TALLAHASSEE FL 22. CITY-ST-2P TALLAHASSEE FL 23. STREET ADDRESS CITY-ST-2P TALLAHASSEE FL 24. CITY-ST-2P TALLAHASSEE FL 25. NAME 26. STREET ADDRESS COLUMBIA MD DELETE 14. TITLE COLUMBIA MD DELETE 14. CITY-ST-2P TALLAHASSEE FL 42. CITY-ST-2P TALLAHASSEE FL 43. STREET ADDRESS COLUMBIA MD DELETE 44. CITY-ST-2P TALLAHASSEE FL 44. CITY-ST-2P TALLAHASSEE FL 52. NAME 142. STREET ADDRESS CITY-ST-2P TALLAHASSEE FL CITY-ST-2P CITY-ST-2P TALLAHASSEE FL CITY-ST-2P TALLAHASSEE FL CITY-ST-2P TALLAHASSEE FL CITY-ST-2P TALLAHASSEE FL CITY-ST-2P CITY-ST-2P TALLAHASSEE FL CITY-ST-2P CITY-ST-2P TALLAHASSEE FL CITY-ST-2P CITY-ST-2P TALLAHASSEE FL CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CI				1		ti tite this statement for the		obonging its	rogistered		
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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	CITY-ST-ZIP	TALLAHASSEE FL 32304			I .		1 6	if, the t	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 peceiver of 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 an attainment with an address with all other like empowered.

SIGNATURE: