


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90304 041 \*\*\*\*61.25

**DOCUMENT # N47117**  
 1. Entity Name  
**FLORIDA PUBLIC INTEREST RESEARCH GROUP  
 CITIZEN LOBBY, INC.**



Principal Place of Business      Mailing Address  
**704 W. MADISON ST  
 TALLAHASSEE FL 32304  
 US**      **704 W. MADISON ST  
 TALLAHASSEE FL 32304  
 US**

2. Principal Place of Business      3. Mailing Address  
*926 E. Park Ave*      *926 E. Park Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Tallahassee FL*      *Tallahassee FL*

Zip      Country      Zip      Country  
*32301*      *Leon*      *32301*      *Leon*



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-3109773**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FERRULO, MARK  
 704 W. MADISON ST  
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent  
 Name *Mark-Ferrulo*  
 Street Address (P.O. Box Number is Not Acceptable)  
*926 E. Park Ave*  
 City *Tallahassee*      FL      Zip Code *32301*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.  
 SIGNATURE: *[Signature]*      DATE: *3/8/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW- FEE IS \$61.25  
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	LINDBERG, SUSANNAH	
STREET ADDRESS	1331 PALMETTO DR.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, CARL	
STREET ADDRESS	6055 MAJORS LANE, #3	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TRILSCH, RICHARD	
STREET ADDRESS	218 D STREET SE	
CITY-ST-ZIP	WASHINGTON DC 20003	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FERRULO, MARK	
STREET ADDRESS	704 W. MADISON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      DATE: *3/8/05*      DAYTIME PHONE #: *850 224-3321*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #