

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

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

03-11-2005 90304 042 ****61.25

DOCUMENT # 724732

1. Entity Name

FLORIDA PUBLIC INTEREST RESEARCH GROUP, INC.



Principal Place of Business

704 W MADISON ST
TALLAHASSEE FL 32304
US

Mailing Address

704 W MADISON ST
TALLAHASSEE FL 32304
US

2. Principal Place of Business

926 E. Park Ave

3. Mailing Address

926 E Park Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

Leon

Zip

32301

Country

Leon

4. FEI Number

59-2140529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FERRULO, MARK J
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/05

**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	C	<input type="checkbox"/> Delete
NAME	LINDBERGH, SUSANNAH	
STREET ADDRESS	1331 PALMETTO DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PAUL, EVAN	
STREET ADDRESS	218 D STREET SE	
CITY-ST-ZIP	WASHINGTON DC 20003	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRULO, MARK	
STREET ADDRESS	704 W. MADISON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAUDER, JASON	
STREET ADDRESS	405 W. FRANKLIN STREET, STE E	
CITY-ST-ZIP	CHAPEL HILL NC 27516	
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/05

850 224-3321