

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 724732

1. Entity Name
FLORIDA PUBLIC INTEREST RESEARCH GROUP, INC.



Principal Place of Business
926 E PARK AVE
TALLAHASSEE, FL 32031 US

Mailing Address
926 E PARK AVE
TALLAHASSEE, FL 32031 US



04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
926 E PARK AVE
TALLAHASSEE, FL 32031

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000726905
05/04/07-80026-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LINDBERGH, SUSANNAH 1331 PALMETTO DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAUL, EVAN 218 D STREET SE WASHINGTON, DC 20003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRULO, MARK 704 W. MADISON ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAUDER, JASON 405 W. FRANKLIN STREET, STE E CHAPEL HILL, NC 27516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/19/07 850 224 5949