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Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728640 (4)

1. Corporation Name

CITIZENS FOR RESPONSIBLE GOVERNMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 442
BOCA RATON FL 33429-0442P.O. BOX 442
BOCA RATON FL 33429-04423. Date Incorporated or Qualified
01/25/19743a. Date of Last Report
10/25/19964. FEI Number
59-6582540Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, SALLY
1440 SW 20TH ST
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Sally Stewart*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☐ DELETE
NAME SIEGAL, CONRAD
STREET ADDRESS 361 NW 4TH DIAGONAL
CITY-ST-ZIP BOCA RATON FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME LANDON, JO-ANN M
STREET ADDRESS 1150 SW 19 ST
CITY-ST-ZIP BOCA RATON FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE *S* ☐ DELETE
NAME STEWART, SALLY
STREET ADDRESS 1440 S.W. 20TH STREET
CITY-ST-ZIP BOCA RATON FL3.1 TITLE SECRETARY ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HAGERTY, ROBERT B
STREET ADDRESS 744 S.W. 7TH ST.
CITY-ST-ZIP BOCA RATON FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SACKS, STANLEY
STREET ADDRESS 4881 NW 5TH LN
CITY-ST-ZIP BOCA RATON FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE *PRESIDENT* ☐ DELETE
NAME AVIS TRAESTER
STREET ADDRESS 2695 NW 29TH DRIVE
CITY-ST-ZIP BOCA RATON FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Sally Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

561-368-7188

Date

Daytime Phone # 0041914

CR2E037 (9/96)