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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728640

1. Corporation Name

CITIZENS FOR RESPONSIBLE GOVERNMENT, INC.

Principal Place of Business

P.O. BOX 442
BOCA RATON FL 33429-0442

Mailing Address

P.O. BOX 442
BOCA RATON FL 33429-0442

517395 - 90102 - 13



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/25/1974

4. FEI Number

59-6582540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KOTTAS, MARY
STREET ADDRESS 350 SW 15TH DR
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME LONDON, JO-ANN M
STREET ADDRESS 1150 SW 19 ST
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME STEWART, SALLY
STREET ADDRESS 1440 S.W. 20TH STREET
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME VILLELA, LOUISE
STREET ADDRESS 2940 NW 25TH WAY
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE

NAME SACKS, STANLEY
STREET ADDRESS 4881 NW 5TH LN
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME BAUMANN, LINDA B.
STREET ADDRESS 899 NAFA DR
CITY-ST-ZIP BOCA RATON FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

MARY KOTTAS 4/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)