

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746199

FILED
Jan 13, 2009
Secretary of State

Entity Name: FLORIDA TAXWATCH RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

106 N BRONOUGH ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10209
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1918055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALABRO, DOMINIC M MR
106 N BRONOUGH ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: EVANS, STEVE L MR.
Address: 106 N. BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: PCEO () Delete
Name: CALABRO, DOMINIC M MR.
Address: 106 N. BRONOUGH ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: C () Delete
Name: SMITH, DAVID A MR.
Address: PSS WORLD MEDICAL 4345 SOUTHPPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: IPC () Delete
Name: JENNINGS, MICHAEL A MR.
Address: 701 SAN MARCO BLVD 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32231

Title: CE () Delete
Name: BARNETT, MARTHA W MS.
Address: 315 S CALHOUN STREET, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIC M. CALABRO

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date