

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746199

FILED
Jan 03, 2012
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: CCEO
Name: CRISER, MARSHALL
Address: 150 W FLAGLER ST SUITE 1901
City-St-Zip: MIAMI, FL 33130

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

Title: CE
Name: ZUMWALT, JOHN B MR.
Address: 10203 TARPON SPRINGS ROAD
City-St-Zip: ODESSA, FL 33556

Title: T
Name: ROBINSON, MICHELLE A
Address: 7701 E TELECOM PARKWAY MAIL CODE FLTDSB3E
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: S
Name: MANN, DAVID
Address: 76 SOUTH LAURA STREET 23RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: IPC
Name: SMITH, DAVID
Address: 917 1ST STREET SOUTH #202
City-St-Zip: JACKSONVILLE, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: DOMINIC M. CALABRO

PCEO

01/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date