2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# N00000001772

Entity Name: FLORIDIANS FOR FAIRNESS, INC.

Current Principal Place of Business:

1030 HOLLAND DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 10245
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3668442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, STEVE
1030 HOLLAND DRIVE
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: DCP ( ) Delete
Name: BROWN, STEVE
Address: PO BOX 10245
City-St-Zip: TALLAHASSEE, FL 32302

Title: DVC ( ) Delete
Name: RIMES, JIM
Address: PO BOX 10245
City-St-Zip: TALLAHASSEE, FL 32302

Title: DST ( ) Delete
Name: LAW, JOHN
Address: PO BOX 10245
City-St-Zip: TALLAHASSEE, FL 32302

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM RIMES DVC 02/03/2005

Electronic Signature of Signing Officer or Director — Date