

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90081 002 ****61.25

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1. Entity Name
CITIZEN'S HIGHWAY INITIATIVE PROGRAM, INC.



Principal Place of Business
**155 NORTH BRIDGE STREET
LABELLE, FL 33935**

Mailing Address
**PO BOX 757
LABELLE, FL 33975**

94029000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1041401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALL, LARRY T
155 NORTH BRIDGE STREET
LABELLE, FL 33935**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALL, LARRY T ☐ Delete
STREET ADDRESS 155 NORTH BRIDGE STREET
CITY-ST-ZIP LABELLE, FL 33935

TITLE VD
NAME SIMMONS, CRAIG ☐ Delete
STREET ADDRESS 640 SOUTH MAIN STREET
CITY-ST-ZIP LABELLE, FL 33935

TITLE TD
NAME GROVES, JANICE ☐ Delete
STREET ADDRESS 4012 ROCKAWAY LANE
CITY-ST-ZIP LABELLE, FL 33935

TITLE D
NAME BAIRD, LESTER B SR ☐ Delete
STREET ADDRESS 25 EAST HICPOCHEE AVENUE
CITY-ST-ZIP LABELLE, FL 33935

TITLE D
NAME BOARDMAN, THOMAS K ☐ Delete
STREET ADDRESS RT 2 BOX 134, POLLYWOG PT.
CITY-ST-ZIP LABELLE, FL 33935

TITLE SD ☒ Delete
NAME JAMES, JENNIFER
STREET ADDRESS 481 W. HICPOCHEE AVENUE
CITY-ST-ZIP LABELLE, FL 33935

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04
Date

863-675-1313
Daytime Phone #

Larry T Hall
President