

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 027 ****61.25

DOCUMENT # N02000000629

1. Entity Name
CITIZENS FOR TAX FAIRNESS, INC.



Principal Place of Business
**PO BOX 488
PALM HARBOR, FL 34682**

Mailing Address
**PO BOX 488
PALM HARBOR, FL 34682**

00063174



2. Principal Place of Business

1001 3rd Avenue West

3. Mailing Address

PO BOX 111

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

08172005 Chg-NP CR2E037 (10/03)

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number
35-2159273

Applied For
Not Applicable

Zip

Country

USA

Zip

Country

USA

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

6. Name and Address of Current Registered Agent

**WALTERS, CLIFF
802 11TH ST. W.
BRADENTON, FL 34205**

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 September 7, 2005**

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 **D** ☐ Delete
NAME **WALTERS, CLIFF**
STREET ADDRESS **802 11TH ST. W**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **D** ☐ Delete
NAME **MCKAY, JOHN M**
STREET ADDRESS **1001 3RD. AVE. #470**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **D** ☒ Delete
NAME **LATVALA, W.J.**
STREET ADDRESS **6038 OLD CIR. 54**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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

Date

Daytime Phone #

JOHN M MCKAY 8-18-05 941 717 2777