

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000000629 1. Entity Name CITIZENS FOR TAX FAIRNESS, INC.					
Principal Place of Business 1001 3RD AVE W STE 600 BRADENTON FL 34205			Mailing Address P O BOX 111 BRADENTON FL 34206		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 35-2159273	
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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, CLIFF 802 11TH ST. W BRADENTON FL 34205	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKAY, JOHN M 1001 3RD. AVE. #470 BRADENTON FL 34205	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			



1st MOORE CR2E037 (10/05)

Applied For
Not Applicable

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

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, CLIFF 802 11TH ST. W BRADENTON FL 34205	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKAY, JOHN M 1001 3RD. AVE. #470 BRADENTON FL 34205	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ 2/15/06 0111 70177777