


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90220 036 ****61.25

DOCUMENT # N02000004674 1. Entity Name GRASS ROOTS CITIZENS WATCHDOG COALITION INCORPORATION					
Principal Place of Business 6504 MERIDIAN RD TALLAHASSEE FL 32312			Mailing Address P.O. BOX 1801 TALLAHASSEE FL 32302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0686199 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
6. Name and Address of Current Registered Agent FOUTZ, WILLIAM 6504 MERIDIAN RD TALLAHASSEE FL 32312				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete FOUTZ, WILLIAM STREET ADDRESS 6504 MERIDIAN RD CITY-ST-ZIP TALLAHASSEE FL 32312		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete ROLLINS, BARBARA M STREET ADDRESS 6504 MERIDIAN RD CITY-ST-ZIP TALLAHASSEE FL 32312		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete ROLLINS, MARY D STREET ADDRESS 6504 MERIDIAN RD CITY-ST-ZIP TALLAHASSEE FL 32312		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete ROLLINS, THOMAS STREET ADDRESS 6504 MERIDIAN RD CITY-ST-ZIP TALLAHASSEE FL 32312		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete MASON, PATRICK STREET ADDRESS 6504 MERIDIAN RD CITY-ST-ZIP TALLAHASSEE FL 32312		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete SPENCER, MARIE STREET ADDRESS 6504 MERIDIAN RD CITY-ST-ZIP TALLAHASSEE FL 32312		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>William Foutz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-03-04 <small>Date Daytime Phone #</small>		