

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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90080 031 ****61.25

DOCUMENT # N03000000677

1. Entity Name

FLORIDA FORUM FOR PROGRESSIVE POLICY, INC.



Principal Place of Business

1736 HIGHLAND PLACE
TALLAHASSEE FL 32308

Mailing Address

1736 HIGHLAND PLACE
TALLAHASSEE FL 32308

94068420



MOORE CR2E037 (11/03)

2. Principal Place of Business

1986 Mallory Square

Suite, Apt. #, etc.

3. Mailing Address

1986 Mallory Square

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32308

Country

Leon

City & State

Tallahassee FL

Zip

32308

Country

Leon

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STONECIPHER, ALAN
1736 HIGHLAND PLACE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

1986 Mallory Square

City

Tallahassee

FL

Zip Code

32308

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 Alan Stonecipher

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

(NOTE: Registered Agent signature required when reinstating)

4/26/04
DATE

**FILE NOW: 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Alan Stonecipher
STREET ADDRESS	1986 Mallory Square
CITY-ST-ZIP	Tallahassee FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Linda Shelley
STREET ADDRESS	3018 South Shore Circle
CITY-ST-ZIP	Tallahassee FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Lorraine Ausley
STREET ADDRESS	826 Washington St.
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Alan Stonecipher Alan Stonecipher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

510-0954
Daytime Phone #