

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000007471

1. Entity Name  
COMMITTEE TO RESTORE VOTER DIGNITY, INC.



Principal Place of Business  
104 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

Mailing Address  
104 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
80-0075312

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MEYER, RONALD G  
2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE, FL 32302

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DAWSON, MANDY  
STREET ADDRESS 3341 NW 16TH STREET  
CITY- ST- ZIP FT. LAUDERDALE, FL 33311

TITLE D  
NAME JACKSON, ANTHONY J  
STREET ADDRESS 1515 NW 167TH STREET SUITE 110K  
CITY- ST- ZIP MIAMI, FL 33169

TITLE D  
NAME JONES, ERIC  
STREET ADDRESS 4900 W HALLANDALE BEACH BLVD.  
CITY- ST- ZIP PEMBROKE PARK, FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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07/26/05-80005-008 61.25

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**DO NOT WRITE  
IN THIS SPACE**

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: X   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/05 (954) 462-4317  
Date Daytime Phone #