

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007536

**FILED**  
**Jul 02, 2004**  
**Secretary of State****Entity Name:** CITIZENS FOR A FAIR SHARE, INC.**Current Principal Place of Business:**113 EAST COLLEGE AVE  
TALLAHASSEE, FL 32301**New Principal Place of Business:**123 S. ADAMS STREET  
TALLAHASSEE, FL 32301 US**Current Mailing Address:**113 EAST COLLEGE AVE  
TALLAHASSEE, FL 32301**New Mailing Address:**123 S. ADAMS STREET  
TALLAHASSEE, FL 32301 US**FEI Number:** 30-0203348**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KNIGHT, JOHN M  
113 EAST COLLEGE AVE  
TALLAHASSEE, FL 32301**Name and Address of New Registered Agent:**KNIGHT, JOHN M  
123 S. ADAMS STREET  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: JOHN M. KNIGHT

07/02/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: T ( ) Change (X) Addition  
Name: MORTHAM, SANDRA B  
Address: 123 SOUTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301 USTitle: CH ( ) Change (X) Addition  
Name: LENTZ, CARL W MD  
Address: 1040 W. INTERNATIONAL SPEEDWAY BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL W. LENTZ, MD

CH

07/02/2004

Electronic Signature of Signing Officer or Director

Date