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

May 02, 2006 8:00 am Secretary of State DOCUMENT # N03000007547 1. Entity Name 05-02-2006 90217 002 ****70.00 CITIZEN'S FOR TERM LIMITS & ACCOUNTABILITY COMMITTEE, INC. Principal Place of Business Mailing Address 3116 MOODY AVENUE 3116 MOODY AVENUE **ORANGE PARK FL 32065 ORANGE PARK FL 32065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3625692 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, DURWOOD Street Address (P.O. Box Number is Not Acceptable) 3116 MOODY AVENUE **ORANGE PARK FL 32065** City 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State The Control of the Control 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPT ☐ Delete TITLE TITLE ☐ Change ☐ Addition SMITH, DURWOOD NAME 3116 MOODY AVENUE STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIP CITY-ST-ZIP DV X Delete DV TITLE TITLE Addition SMITH, FLORA NAME NAME JANE PADGETT 3116 MOODY AVENUE STREET ADDRESS STREET ADDRESS 3678 Saint Andrews Court ORANGE PARK FL 32065 CITY-ST-ZIP CITY-ST-ZIP GREEN-COVE-SPRINGS, FLORIDA 32043 DS TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILES, ROMI E NAME NAME STREET ADDRESS 5325 DEER ISLAND ROAD STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 CITY-ST-7IP TITLE ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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.

CITY-ST-ZIP

CITY-ST-ZIP

DURWOOD S SIGNATURE: