2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N04000001701

Entity Name: COMMITTEE FOR RESPONSIBLE LEADERSHIP INC.

Current Principal Place of Business:

7 LAZY HOLLOW, CONTINENTAL COUNTRY CL
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

7 LAZY HOLLOW, CONTINENTAL COUNTRY CL
WILDWOOD, FL 34785

New Mailing Address:

P.O. BOX 1222
WILDWOOD, FL 34785

FEI Number: 47-0938585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUER, PHILIP O
7 LAZY HOLLOW, CONTINENTAL COUNTRY CL
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAUER, PHILIP O
Address: 7 LAZY HOLLOW, CONTINENTAL COUNTRY CL
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete
Name: BARNES, THERON B
Address: 15 RABBIT TRAIL
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete
Name: LEOPOLD, MARNIE
Address: 6 WEST QUAIL RUN
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BETSY, HOUSER
Address: 4 QUAIL HOLLOW
City-St-Zip: WILDWOOD, FL 34785

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: PHILIP O. BAUER PD 01/06/2005

Electronic Signature of Signing Officer or Director — Date