

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90326 013 \*\*\*\*61.25

<b>DOCUMENT # N04000003100</b> 1. Entity Name <b>FLORIDIANS FOR RESPONSIVE GOVERNMENT INC.</b>					
Principal Place of Business <b>5970 SW 18TH ST #132 BOCA RATON, FL 33433</b>			Mailing Address <b>5970 SW 18TH ST #132 BOCA RATON, FL 33433</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GOLDIN, ARNOLD</b> <b>5030 CHAMPION BLVD. #G6231</b> <b>BOCA RATON, FL 33496</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FURNARI, JACK</b>		NAME		
STREET ADDRESS	<b>5191 DEERHURST CRESCENT CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WARMACK, JODY</b>		NAME	<b>ALAN BERGSTEIN</b>	
STREET ADDRESS	<b>5541 DRYDEN ROAD</b>		STREET ADDRESS	<b>250 NE 20th St. Apt. 322</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>		CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MACILWAIN, DENNIS</b>		NAME		
STREET ADDRESS	<b>143 SWINTON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33444</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE:			4-14-05		
<small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

66019320



04092005 Chg-NP CR2E037 (10/03)

4. FEI Number **03-0539377** Applied For ☐ Not Applicable ☐

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

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