

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007405

FILED
Apr 23, 2007
Secretary of State

Entity Name: FLORIDA CITIZENS FOR SOCIAL REFORM, INC.

Current Principal Place of Business:

% JOAN SEVER
1927 SEVER DR.
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5906
CLEARWATER, FL 337585906

New Mailing Address:

FEI Number: 47-0914797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BRETT
2519 MCMULLEN BOOTH ROAD
SUITE 510-199
CLEARWATER, FL 33761 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: SIGAL, JOANIE
Address: 1927 SEVER DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: MILLER, BRETT
Address: 2519 MCMULLEN BOOTH ROAD SUITE 510-199
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: MEEKCOMS, JAN
Address: 1920 SADDLE HILL ROAD NORTH
City-St-Zip: DUNEDIN, FL 34698

Title: ST () Delete
Name: BROWN, PATTI
Address: 303 PONCE DE LEON BLVD.
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATTI BROWN

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04/23/2007

Electronic Signature of Signing Officer or Director

Date