2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008
Secretary of State

DOCUMENT# N04000007405

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:

1927 SEVER DR.
CLEARWATER, FL 33764

Current Mailing Address:

P.O. BOX 241
CLEARWATER, FL 33757

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 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: JOANIE SIGAL PD 03/03/2008

Electronic Signature of Signing Officer or Director — Date