

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

05 APR 19 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007978

1. Entity Name  
CITIZENS FOR ECONOMIC PROGRESS, INC.



Principal Place of Business  
150 SOUTH MONROE STREET, SUITE 400  
TALLAHASSEE, FL 32301

Mailing Address  
150 SOUTH MONROE STREET, SUITE 400  
TALLAHASSEE, FL 32301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-NP

CR2E037 (10/03)

*MRS*

City & State

City & State

4. FEI Number  
20-1494266

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COATES, RICHARD E  
200 WEST COLLEGE AVENUE  
SUITE 311B  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C/P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raynor, Sr., Michael S.
STREET ADDRESS	150 S Monroe Street, Ste 400
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	V/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennings, Patrick L.
STREET ADDRESS	315 S. Calhoun Street, Ste 500
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simmons, Woodrow J.
STREET ADDRESS	106 E. College Ave, Ste 810
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000054015670
STREET ADDRESS	05/06/05--01066--025 **\$61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Raynor, S.

Date

Daytime Phone #

050-221-6147