

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED  
06 FEB -1 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts FEB 01 2006



01192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1494266

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD RAYNOR, SR., MICHAEL S 150 S MONROE STREET, STE 400 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JENNINGS, PATRICK L 315 S CALHOUN STREET, STE 500 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMMONS, WOODROW J 106 E COLLEGE AVE, STE 810 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300065566973  
02/10/06--01021--004 \*\*\$61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Sr

01/23/2006

Date

850-577-5500

Daytime Phone #