2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 10, 2006 8:00 am DOCUMENT # N05000011558 Secretary of State 1. Entity Name 05-10-2006 90100 043 ****61.50 DELRAY CITIZENS FOR ELECTION REFORM, INC. Principal Place of Business Mailing Address P.O. BOX 6551 DELRAY BEACH FL 33482 P.O. BOX 6551 DELRAY BEACH FL 33482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 06-1762011 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, JOHN C Street Address (P.O. Box Number is Not Acceptable) 137 SEABREEZE AVENUE **DELRAY BEACH FL 33483** 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE P.D ☐ Delete TITLE ☐ Addition ⟨□ Change JOHNSON, SHIRLEY NAME P.O. BOX 6551 STREET ADDRESS STREET ADDRESS 701 NW 4 St DELRAY BEACH FL 33482 CITY-ST-ZIP CITY-ST-ZIP Delray Beach FL 33444 T.D TITLE Delete TITLE Change ☐ Addition BACON, GRETCHEN NAME NAME P.O. BOX 6551 STREET ADORESS STREET ADDRESS 3648 SW 24 Ln DELRAY BEACH FL 33482 CITY-ST-ZIP CITY-ST-ZIP Delray Beach FL 33445 Change TITLE ☐ Delete TITLE ☐ Addition NAME BASSA, ANNIE NAMI-102 NW 14 Ave STREET ADDRESS P.O. BOX 6551 STREET ADDRESS Delray Beach FL 33444 CITY-ST-ZIP DELRAY BEACH FL 33482 CITY-ST-ZIP □ Delete TITLE I Change ☐ Addition TITLE BENNETT, JOHN NAME NAME 137 Seabreeze Ave P.O. BOX 6551 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33482 CITY-ST-ZIP Delray Beach FL 33483 TITLE ☐ Delete TITLE Change ☐ Addition ELROD, BUNNY NAME STREET ADDRESS . P.O. BOX 6551 STREET ADDRESS 302 SW 1st Ave DELRAY BEACH FL 33482 CITY-ST-ZIP CITY-ST-ZIP Delray Beach FL 33444 ☐ Delete TITLE ☐ Change ☐ 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 exemptions contained in Section 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: ARICHMB Back

Gretchen A. Bacon, Treas.

561-498-4656

FILED