

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008845

FILED
Apr 10, 2007
Secretary of State

Entity Name: LEON COUNTY CITIZENS FOR TRUTH IN GOVERNMENT, INC.

Current Principal Place of Business:

826 LAKESHORE DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

826 NORTH LAKESHORE DR
TALLAHASSEE, FL 32312

Current Mailing Address:

826 LAKESHORE DR
TALLAHASSEE, FL 32308

New Mailing Address:

826 NORTH LAKESHORE DR
TALLAHASSEE, FL 32312

FEI Number: 20-5409924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATES, RICHARD E
200 W COLLEGE AVE SUITE 311B
TALLAHASSEE, FL 32301 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: BAILEY, LAMAR BLAIR
Address: 826 NORTH LAKESHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MR () Change (X) Addition
Name: BAILEY, E. LAMAR
Address: 826 NORTH LAKESHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: E. LAMAR BAILEY

MR

04/10/2007

Electronic Signature of Signing Officer or Director

Date