

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09538 (2)

1. Corporation Name

COMMITTEE ON LIMITING TERMS LOBBY, INC.



Principal Place of Business

Mailing Address

600 THISTLEWOOD COURT
LONGWOOD FL 32779

600 THISTLEWOOD COURT
LONGWOOD FL 32779

3. Date Incorporated or Qualified

05/29/1985

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2556491

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEWOLF, THOMAS B
111 N ORANGE AVE
STE 2000
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MCCOLLUM, BILL
STREET ADDRESS 600 THISTLEWOOD CT
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SMITH, DENNY
STREET ADDRESS 3285 BALSAM DR S
CITY-ST-ZIP SALEM OR

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME HANSEN, JAMES V
STREET ADDRESS 2466 RAYBURN HOUSE OFFICE BLDG.
CITY-ST-ZIP WASHINGTON DC

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KEENE, DAVID
STREET ADDRESS 919 PRINCE ST
CITY-ST-ZIP ALEXANDRIA VA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CAMPAIGNE, JAMESON
STREET ADDRESS 722 COLUMBUS ST
CITY-ST-ZIP OTTAWA IL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DEVINE, DONALD
STREET ADDRESS 919 PRINCE STREET
CITY-ST-ZIP ALEXANDRIA VA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

N 09538

2 8 2

12. OFFICERS AND DIRECTORS cont'd

T/D	James Lightfoot	Room 2161 Rayburn HOB	Washington, D.C. 20515
D	Paul E. Gillmor	Room 1203 Rayburn HOB	Washington, D.C. 20515