


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90043 041 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09538**

1. Corporation Name

**COMMITTEE ON LIMITING TERMS LOBBY, INC.**

Principal Place of Business  
**600 THISTLEWOOD COURT  
LONGWOOD FL 32779**

Mailing Address  
**600 THISTLEWOOD COURT  
LONGWOOD FL 32779**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/29/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2556491</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>DEWOLF, THOMAS B 111 N ORANGE AVE STE 2000 ORLANDO FL 32801</b>				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOLLUM, BILL		1.2 NAME		
STREET ADDRESS	600 THISTLEWOOD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, DENNY		2.2 NAME	Paul Gillmore	
STREET ADDRESS	3541 EL DORADO LOOPS		2.3 STREET ADDRESS	1303 LHOB	
CITY-ST-ZIP	SALEM OR		2.4 CITY-ST-ZIP	Washington, DC 20515	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, JAMES V		3.2 NAME		
STREET ADDRESS	2466 RAYBURN HOUSE OFFICE BLDG.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEENE, DAVID		4.2 NAME		
STREET ADDRESS	919 PRINCE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPAIGNE, JAMESON		5.2 NAME		
STREET ADDRESS	722 COLUMBUS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	OTTAWA IL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEVINE, DONALD		6.2 NAME	Tillie Fowler	
STREET ADDRESS	1301 CONNECTICUT AVE., N.W., #400		6.3 STREET ADDRESS	109 CHOB	
CITY-ST-ZIP	WASHINGTON D.		6.4 CITY-ST-ZIP	Washington, DC 20515	

14. 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 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, with all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)