


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N09538 1. Entity 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
--	--



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2556491	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent DEWOLF, THOMAS B 111 N ORANGE AVE STE 2000 ORLANDO, FL 32801	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000051082
02/16/04-80038-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOLLUM, BILL 600 THISTLEWOOD CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLMORE, PAUL 1203 LHOB WASHINGTON, DC 20515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, JAMES V 242 CANON HOUSE OFFICE BLDG WASHINGTON, DC 20515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENE, DAVID 919 PRINCE ST ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, RIC 419 CHOB WASHINGTON, DC 20515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOWER, TILLIE 2099 PENNSYLVANIA AVENUE N W SUITE 100 WASHINGTON, DC 20006

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

1-26-04

Date

407-649-4050

Daytime Phone #