

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

Page 1 of 2

DOCUMENT # N09539

(0)

1. Corporation Name

COMMITTEE ON LIMITING TERMS, 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

59-2569410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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 NORTH ORANGE AVE., SUITE 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
NAME MCCOLLUM, BILL
STREET ADDRESS 600 THISTLEWOOD COURT
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

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

☐ Change

☐ Addition

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

☐ DELETE

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

☐ Change

☐ Addition

TITLE SD
NAME HANSEN, JAMES V
STREET ADDRESS 2466 RAYBURN HOUSE OFFICE BLVD.
CITY-ST-ZIP WASHINGTON DC

☐ DELETE

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

☐ Change

☐ Addition

TITLE TD
NAME LIGHTFOOT, JAMES
STREET ADDRESS 2444 RAYBURN HOUSE OFFICE BLDG.
CITY-ST-ZIP WASHINGTON DC

☐ DELETE

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

☒ Change

☐ Addition

2161 Rayburn House Office Bldg.

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

☐ DELETE

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

☐ Change

☐ Addition

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

☐ DELETE

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

☐ Change

☐ Addition

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)(f), 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 #

Mar. 12, 1996

CR2E037 (12/95)

N 09539

2 8 2

12. OFFICERS AND DIRECTORS cont'd

D	Jameson Campaigne	722 Columbus Street	Ottawa, IL 61350
D	Paul E. Gillmor	Room 1203 Rayburn HOB	Washington, DC 20515