

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

4. FEI Number

59-2569410

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 ☐ DELETE
NAME MCCOLLUM, BILL
STREET ADDRESS 600 THISTLEWOOD COURT
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME Fowler, Tillie
1.3 STREET ADDRESS 109 Cannon HOB
1.4 CITY-ST-ZIP Washington, DC 20515

TITLE D ☐ DELETE
NAME SMITH, DENNY
STREET ADDRESS 3541 EL DORADO LOOPS
CITY-ST-ZIP SALEM OR

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Gillmore, Paul
2.3 STREET ADDRESS 1203 Longworth HOB
2.4 CITY-ST-ZIP Washington, DC 20515

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

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

TITLE TD ☐ DELETE
NAME LIGHTFOOT, JAMES
STREET ADDRESS RURAL ROUTE 2, BOX 225 B
CITY-ST-ZIP SHENENDOAH IO

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

TITLE D ☐ DELETE
NAME DEVINE, DONALD
STREET ADDRESS 1301 CONNECTICUT AVE. N.W., #400
CITY-ST-ZIP WASHINGTON DC

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Campaigne, Jameson
5.3 STREET ADDRESS 722 Columbus Street
5.4 CITY-ST-ZIP Ottawa, IL

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

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

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 in an attachment with an address.

SIGNATURE:

April 29 1998 202-725-207

CR2E037 (10/97)