

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90081 010 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

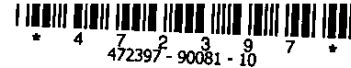
**DOCUMENT # N09539**

1. Corporation Name

**COMMITTEE ON LIMITING TERMS, 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

21

26

**05/29/1985**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

**59-2569410**

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution ☐

Added to Fees

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

☐ Change ☒ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 (1/98)