

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90523 040 ***61.25

DOCUMENT # N09539

1. Entity Name
COMMITTEE ON LIMITING TERMS, INC.



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

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

50045661



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2569410

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEWOLF, THOMAS B
111 NORTH ORANGE AVE., SUITE 2000
ORLANDO, FL 32801**

Name **AGC CO**

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH ORANGE AVE, SUITE 2300

City **ORLANDO**

FL

Zip Code **32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MCCOLLUM, BILL**
STREET ADDRESS **600 THISTLEWOOD COURT**
CITY-ST-ZIP **LONGWOOD, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GILLMOR, PAUL**
STREET ADDRESS **1203 LHOB**
CITY-ST-ZIP **WASHINGTON, DC 20515**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HANSEN, JAMES V**
STREET ADDRESS **242 CANON HOUSE OFFICE BLDG**
CITY-ST-ZIP **WASHINGTON, DC 20515**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **FOWLER, TILLIE**
STREET ADDRESS **2099 PENNSYLVANIA AVE. NW, SUITE 100**
CITY-ST-ZIP **WASHINGTON, DC 20006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DEMINT, JIM**
STREET ADDRESS **504 CHOB**
CITY-ST-ZIP **WASHINGTON, DC 20515**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KELLER, RIC**
STREET ADDRESS **419 CHOB**
CITY-ST-ZIP **WASHINGTON, DC 20515**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bill McCollum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL MCCOLLUM

4/27/05

407-649-4050

Date

Daytime Phone #