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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:03

DOCUMENT # N19666 (9)

1. Corporation Name

CITIZENS FOR OPEN GOVERNMENT, INC.

Principal Place of Business	Mailing Address
% ROBERT D. JONES 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	% ROBERT D. JONES 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1987
3a. Date of Last Report: 06/02/1994
4. FEI Number: 65-0130335 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JONES, ROBERT D.
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	First Vice President, Director	☒ Change ☐ Addition
NAME	BEZPIATY, LEO	12 NAME		
STREET ADDRESS	353 LA MANCHA AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	1PD	21 TITLE	Second Vice President, Director	☒ Change ☐ Addition
NAME	ALESSANDRIA, NICK	22 NAME		
STREET ADDRESS	116 VAN GOGH WAY	23 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	2PD	31 TITLE	Director	☒ Change ☐ Addition
NAME	GLADSTONE, HERB	32 NAME		
STREET ADDRESS	275 BEAVER DAM CT.	33 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	3PD	41 TITLE	Third Vice President, Director	☒ Change ☐ Addition
NAME	TYSON, NORTON	42 NAME		
STREET ADDRESS	480 LYNBROOK CT.	43 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	President, Director	☒ Change ☐ Addition
NAME	FINE, HERB	52 NAME		
STREET ADDRESS	234 PONCE DELEON	53 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☒ Change ☐ Addition
NAME	SHAFFER, ROSE	62 NAME		
STREET ADDRESS	12014 GREENWAY CIR S.	63 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL	64 CITY-ST-ZIP		

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)(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.

SIGNATURE: /Herb Fine/ Herb FINE 3/29/95 407-791-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0011340