
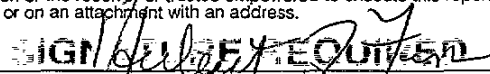


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # N19666 (9) 1. Corporation Name CITIZENS FOR OPEN GOVERNMENT, INC.					
Principal Place of Business % ROBERT D. JONES 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411			Mailing Address % ROBERT D. JONES 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0130335	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEZIPTY, LEO		1.2 NAME		
STREET ADDRESS	353 LA MANCHA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALESSANDRIA, NICK		2.2 NAME		
STREET ADDRESS	116 VAN GOGH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLADSTONE, HERB		3.2 NAME		
STREET ADDRESS	275 BEAVER DAM CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYSON, NORTON		4.2 NAME		
STREET ADDRESS	480 LYNBROOK CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINE, HERB		5.2 NAME		
STREET ADDRESS	234 PONCE DELEON		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTAMARIA, CHRISTOPHER		6.2 NAME		
STREET ADDRESS	155 GALIANO ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL		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 on an attachment with an address.					
SIGNATURE:  1/12/98 361 791 1533					

CR2E037 (10/97)