


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90097 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N19666</b>					
1. Corporation Name <b>CITIZENS FOR OPEN GOVERNMENT, INC.</b>					
Principal Place of Business <b>% ROBERT D. JONES 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411</b>			Mailing Address <b>% ROBERT D. JONES 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411</b>		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>03/13/1987</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0130335</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>JONES, ROBERT D. 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411</b>				10. Name and Address of New Registered Agent			
				81 Name <b>CHRISTOPHER SANTAMARIA</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>505 ROYAL PALM BEACH BLVD.</b>			
				83			
				84 City <b>ROYAL PALM BEACH</b> FL 85 Zip Code <b>33411</b>			

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  DATE **3/5/99**  
(NOTE: Registered Agent signature required when reinstating)

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	BEZPIATY, 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/12/99

(561) 753-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0042186

CR2E037 (11/98)