FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 ... -1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31237 (3)

1. Corporation Name
CITIZENS IN ACTION, INC.

Principal Place of Business
P.O. BOX 548
CANTONMENT FL 32533

Mailing Address
P.O. BOX 548
CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1989
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2974165 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

COOK, ANN
13899 BEULAH RD
CANTONMENT FL 32533

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 ______ 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	PDC	1 1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, JASON	1 2 NAME	
STREET ADDRESS	6628 FRANK REEDER ROAD	1 3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1 4 CITY-ST-ZIP	
TITLE	VPD	2 1 TITLE	☐ Change ☐ Addition
NAME	SHANHOLTZER, E. R.	2 2 NAME	
STREET ADDRESS	9806 REBEL ROAD	2 3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2 4 CITY-ST-ZIP	
TITLE	SD	3 1 TITLE	☐ Change ☐ Addition
NAME	COOK, ANN	3 2 NAME	
STREET ADDRESS	13899 BEULAH ROAD	3 3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3 4 CITY-ST-ZIP	
TITLE	TD	4 1 TITLE	☐ Change ☐ Addition
NAME	BARDIN, LISSA N.	4 2 NAME	
STREET ADDRESS	3640 LAMBERT BRIDGE RD	4 3 STREET ADDRESS	
CITY-ST-ZIP	MCDAVID FL	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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)(k), 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: Lissa N. Bardin — 4/25/95 — 904-337-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lissa N Bardin, Treasurer/Director

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