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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40321

1. Corporation Name

CITIZENS FOR A TWO TERM LIMIT, INC.

Principal Place of Business

C/O ROGERS, TOWERS, ET AL
1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE FL 32207
US

Mailing Address

C/O ROGERS, TOWERS, ET AL
1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE FL 32207
US

143749 3 7 4 9 37 9 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/12/1990

4. FEI Number

59-3032056

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

9. Name and Address of Current Registered Agent

SCHEU, ESQUIRE
ROGERS, TOWERS, BAILEY, JONES & GAY
1301 RIVERPLACE BLVD, SUITE 1500
JACKSONVILLE FL 32207

Same person, but
name is
done
wrong.

10. Name and Address of New Registered Agent

81 Name SCHEU, WILLIAM E.
82 Street Address (P.O. Box Number is Not Acceptable)
ROGERS, TOWERS, BAILEY, JONES & GAY
83 1301 RIVERPLACE BLVD., SUITE 1500
84 City JACKSONVILLE FL 85 Zip Code 32207

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

1/15/99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SCHEU, WILLIAM E.
STREET ADDRESS 4333 VENETIA BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DC
NAME EDWARDS, NANCY
STREET ADDRESS 6534 CHRISTOPHER PT. RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DVS
NAME BRINTON, WILLIAM D.
STREET ADDRESS 1835 CHALLEN AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

904/398-3941

Daytime Phone #

CR2E037 (11/98)