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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:59

DOCUMENT # N44301 (2)

1. Corporation Name
CITIZENS ACTION COMMITTEE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 321372 COCOA BEACH FL 32932	P. O. BOX 321372 COCOA BEACH FL 32932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Same
2a. Mailing Address (26): Same
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

LUND, THEODORE K
190 ESCAMBIA LANE, #406
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: Lillian Evans
82 Street Address (P.O. Box Number is Not Acceptable): 1617 MINUTEMEN CAUSEWAY #203
83 ~~Cocoa Beach~~
84 City: Cocoa Beach FL 85 Zip Code: 32931

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: Lillian G. Evans — 5/1/95
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	CD	11 TITLE	CD	☒ Change ☐ Addition
NAME	LUND, THEODORE	12 NAME	EVANS, LILLIAN	
STREET ADDRESS	190 ESCAMBIA LANE, #406	13 STREET ADDRESS	1617 MINUTEMEN CAUSEWAY #203	
CITY-ST-ZIP	COCOA BEACH FL	14 CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	VCD	21 TITLE	VCD	☒ Change ☐ Addition
NAME	JOHNSON, ANTHONY N	22 NAME	FILKINS, HELEN	
STREET ADDRESS	214 ANTIQUA DRIVE	23 STREET ADDRESS	560 HARBOR DR.	
CITY-ST-ZIP	COCOA BEACH FL	24 CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VCD	31 TITLE	VCD	☒ Change ☐ Addition
NAME	ILL, PAUL	32 NAME	RICHENS, KENT	
STREET ADDRESS	1251 S. ATLANTIC AVENUE	33 STREET ADDRESS	273 BAHAMA BLVD	
CITY-ST-ZIP	COCOA BEACH FL	34 CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	KATSAROS, JEAN	42 NAME		
STREET ADDRESS	125 W SUWANNEE LANE	43 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☒ Change ☐ Addition
NAME	GOOD, STANLEY	52 NAME	William G. Meyers	
STREET ADDRESS	440 S. BANANA RIVER BLVD.	53 STREET ADDRESS	338 CYPRUS DR	
CITY-ST-ZIP	COCOA BEACH FL	54 CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RESENT TO BY MAIL

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: John Katsaros — 4/4/95 — 4078534323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031886