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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32932-1372



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/19/1991</b>		3a. Date of Last Report <b>04/24/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENT RICHENS**  
**273 BAHAMA BLVD.**  
**COCOA BEACH FL 32931**

81 Name	<b>ANDREW J. HICKEY</b>
82 Street Address (P.O. Box Number Is Not Acceptable)	<b>117 ST. CROIX AVE.</b>
83	
84 City	<b>COCOA BEACH FL</b>
85 Zip Code	<b>32931</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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**4/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b>	1.1 TITLE	<b>CD</b>
NAME	<b>EVANS, LILLIAN</b>	1.2 NAME	<b>HICKEY, ANDREW J</b>
STREET ADDRESS	<b>1617 MINUTEMEN CAUSEWAY #203</b>	1.3 STREET ADDRESS	<b>117 ST. CROIX AVE.</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>COCOA BEACH, FL. 32931</b>
TITLE	<b>VCD</b>	2.1 TITLE	
NAME	<b>FILKINS, HELEN</b>	2.2 NAME	
STREET ADDRESS	<b>380 HARBOR DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCD</b>	3.1 TITLE	
NAME	<b>YAROSH SHIRLEY</b>	3.2 NAME	
STREET ADDRESS	<b>335 JACK DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	
NAME	<b>KATSAROS, JEAN</b>	4.2 NAME	
STREET ADDRESS	<b>126 W SUWANNEE LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	
NAME	<b>MYERS, WILLIAM G.</b>	5.2 NAME	
STREET ADDRESS	<b>338 CYPRUS DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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

**4/15/97** (440) 084-3709

CR2E037 (9/96)