FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

CITIZENS ACTION COMMITTEE, INC.

FILED Mar 24 1998 8:00am Secretary of State

Principal Plac	a of Business	Mailing Address							
Principal Place of Business Mailing Address P. O. BOX 321372 COCOA BEACH FL 32932 COCOA BEACH FL 32932						3. Date Incorporated or Qualified 07/19/1991 4. FEI Number Applied For NOT APPLICABLE Not Applicable			
	lace of Business	2a. Mailing Address	2a. Mailing Address			5. Certificate of Status Desired		Additional	
21		26						equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & Stat	0	City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Inlang-ble			
24	25	29	30	30		Personal Property Tax due June 30.		☐ Ño	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81 N	Name				
HICKEY, ANDREW 117 ST CROIX AVENUE			1	82 S	Street Addres	Address (P.O. Box Number is Not Acceptable)			
	BEACH FL 32931		ħ	63					
			h	84 C	City		85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508 Florida Stat	utes the eh	0/9-0	amed corpo	ration submits this statement for the purpos		its registered	
office or r	egistered agent, or both, in the State	o of Florida. Such change wa	s authorized	by th	e corporatio	on's board of directors. I hereby accept the	appointment as	registered	
_	m tamiliar with, and accept the oblig	gations of, Section 617.0503,	riorida Statu	леs.					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (N	OTE Registered	Agent s	ignature regulred	s when reinstating) DA1	TE		
12.		ND DIRECTORS	13.	·		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	CD	DELETE	1.1 101	LE		·	Change	Addition	
NAME	HICKEY, ANDREW		1.2 NA	ME					
STREET ADDRESS	117 ST CROIX AVENUE		1.3 STR	EET ADO	DRESS				
CITY-ST-ZIP	COCOA BEACH FL 1.4		1.4 CIT	Y-\$T-Z	IP I				
TITLE	VCD	☐ DELETE	2.1 TITE	LE	ĺ		Change	Addition	
NAME	Filkins, Helen	FILKINS, HELEN 22		ΜE		÷			
STREET ADDRESS	360 HARBOR DRIVE		2.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP	CAPE CANAVERAL FL 2.		2. 4 CIT	Y-ST-2	ZIP				
TITLE	VCD	DELETE 3.1		-E			☐ Change	Addition	
NAME	YAROSH SHIRLEY		3.2 NA)	ΜE					
STREET ADDRESS	335 JACK DRIVE		3.3 STA	ieet adi	DRESS				
CITY-ST-ZIP	COCOA BEACH FL		3.4. CIT	Y-ST-2	tie				
TITLE	8	☐ DELETE	4.1 TOT	.E			☐ Change	Addition	
NAME	KATSAROS, JEAN		4. 2 NA	ME					
STREET ADDRESS	125 W SUWANNEE LANE		4.3 STR	EET ADI	DRESS				
CITY-ST-ZIP	COCOA BCH FL		4.4 CIT	Y-\$1-Z	IP				
TITLE	TD	₩ DELETE	5.1 TITL	5.1 TITLE		'	Change] Addition	
NAME	MYERS, WILLAIM G.		5.2 NA	ME	P.	ORTHOY SHAUEL			
STREET ADDRESS	338 CYPRUS DR.		5.3 STR	EET ADI	DRESS 2.0	020 NO ATLANTIC AVE			
CITY-ST-ZIP	COCOA BEACH FL			Y-ST-Z	IP	ocon dench, fi		F-1 ,	
TITLE		☐ DELETE	6.1 TITL	.E		·	Change	Addition	
NAME			6.2 NAX	ΜE	•				
STREET ADDRESS			6.3 STR	ÉET ADO	DRESS				
CITY+ST-ZIP			6.4 CIT	Y-ST-2	IP				

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.

SIGNATURE: