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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N44301

1. Corporation Name

CITIZENS ACTION COMMITTEE, INC.

Principal Place of Business

4580 N JEFFERSON AVE  
MIAMI BCH FL 33140

Mailing Address

4580 N JEFFERSON AVE  
MIAMI BCH FL 33140



2. Principal Place of Business

21 636 W. 51st TERRACE

Suite, Apt. #, etc.

22 City & State

23 MIAMI BEACH FL

24 Zip 33140 25 Country US

2a. Mailing Address

26 636 W 51st TERR

Suite, Apt. #, etc.

27 City & State

28 MIAMI BEACH FL

29 Zip 33140 30 Country US

3. Date Incorporated or Qualified

07/19/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JO ASMUNDSSON  
4580 N JEFFERSON AVE  
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81 Name

JO ASMUNDSSON

82 Street Address (P.O. Box Number is Not Acceptable)

636 W. 51st TERRACE

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JO ASMUNDSSON  
STREET ADDRESS 4580 N JEFFERSON AVE  
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE VP ☐ DELETE

NAME MARCIA ROSS GREEN  
STREET ADDRESS 2525 LUCERNE AVE  
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE S ☐ DELETE

NAME BARBARA PATCHEN  
STREET ADDRESS 2068 N BAY ROAD  
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE D ☐ DELETE

NAME ISABELLA SULKOWSKI  
STREET ADDRESS 1036 MICHIGAN AVE  
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE D ☐ DELETE

NAME HYMAN MALLEY  
STREET ADDRESS 4141 N MERIDIAN AVE  
CITY-ST-ZIP MIAMI BCH FL 33140

TITLE D ☐ DELETE

NAME BETH GOPMAN  
STREET ADDRESS 709 E. DI LIDO DR  
CITY-ST-ZIP MIAMI BCH 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME JO ASMUNDSSON  
1.3 STREET ADDRESS 636 W. 51st TERRACE  
1.4 CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)