

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 11 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48969 (2)**  
 1. Corporation Name  
**CITIZENS FOR A BETTER GOVERNMENT, INC.**



Principal Place of Business <b>360 CENTRAL AVENUE SUITE 1490 ST. PETERSBURG FL 33701</b>	Mailing Address <b>307 62ND AVENUE NORTH ST. PETERSBURG FL 33702</b>
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3. Date Incorporated or Qualified <b>05/19/1992</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>307 62ND AVENUE NORTH</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>ST. PETERSBURG, FL</b>	28
Zip	Country
24 <b>33702</b>	25 <b>PINELLAS</b>
29	30

**9. Name and Address of Current Registered Agent**

**COMPARETTO & SIMONETTA, P.A.  
360 CENTRAL AVE., SUITE 1490  
ST. PETERSBURG FL 33701**

**10. Name and Address of New Registered Agent**

81 Name <b>RICHARD E. MARTIN</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>307 62ND AVENUE NORTH</b>	
83	
84 City <b>ST. PETERSBURG</b>	85 Zip Code <b>FL 33702</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 **RICHARD E. MARTIN-PRESIDENT** *Richard E Martin* **6/7/98**  
 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	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, RICHARD E</b>	
STREET ADDRESS	<b>307 62ND AVE. N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, DONNA</b>	
STREET ADDRESS	<b>307 62ND AVE NO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, MARY J</b>	
STREET ADDRESS	<b>1043 31ST TERR NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33704</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Richard E Martin* **6/7/98**

CP2E037 (10/97)