

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Aug 12 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 # N94000001766 (4)**  
 1. Corporation Name  
**CITIZENS FOR RESPONSIVE GOVERNMENT, INC.**



Principal Place of Business <b>41 N. JEFFERSON ST., SUITE 111 PENSACOLA FL 32501</b>	Mailing Address <b>P.O. BOX 1493 PENSACOLA FL 32597</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/08/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 4010 Collingswood Road</b>	2a. Mailing Address <b>26 P. O. Box 10743</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Pensacola, FL</b>	City & State <b>28 Pensacola, FL</b>
Zip <b>24 32514</b>	Country <b>25 Escambia</b>
	Zip <b>29 32524</b>
	Country <b>30 Escambia</b>

4. FEI Number <b>59-3282652</b>	Applied For <input type="checkbox"/> 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>
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	

9. Name and Address of Current Registered Agent  
**HUGHES, FRANK S  
 41 N. JEFFERSON ST., SUITE 111  
 PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name <b>Cobb, Malcolm B.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4010 Collingswood Road</b>
83
84 City <b>Pensacola, FL</b>
85 Zip Code <b>32514</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 *Malcolm B. Cobb* DATE **8/6/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HUGHES, FRANK S</b>	
STREET ADDRESS <b>4639 D'EVEREUX CIRCLE</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32504</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>MCCARTHY, FRANK H</b>	
STREET ADDRESS <b>2371 BERRYDALE ROAD</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32534</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TAYLOR, GLORIA B</b>	
STREET ADDRESS <b>7637 BROOK FOREST WAY</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32514</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HUGHES, JOAN C</b>	
STREET ADDRESS <b>4639 D'EVEREUX CIRCLE</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32504</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TAYLOR, RODNEY K</b>	
STREET ADDRESS <b>7637 BROOK FOREST WAY</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32514</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>VOLZ, DAVID</b>	
STREET ADDRESS <b>1750 YATES AVENUE</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32503</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Cobb, Malcolm B.</b>	
1.3 STREET ADDRESS <b>4010 Collingswood Road</b>	
1.4 CITY-ST-ZIP <b>Pensacola, FL 32514</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Newman, Samuel C.</b>	
2.3 STREET ADDRESS <b>407 W. Lee Street</b>	
2.4 CITY-ST-ZIP <b>Pensacola, FL 32501</b>	
3.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Norris, Charles K.</b>	
3.3 STREET ADDRESS <b>4400 Bayou Blvd., Suite 31-B</b>	
3.4 CITY-ST-ZIP <b>Pensacola, FL 32503</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Taylor, Gloria B.</b>	
4.3 STREET ADDRESS <b>3813 Andrew Jackson Drive</b>	
4.4 CITY-ST-ZIP <b>Pace, FL 32591</b>	
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 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 *Malcolm B. Cobb* DATE **8/6/97**

CR2E037 (4/97)