
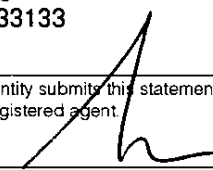
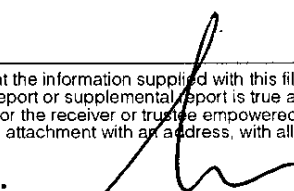


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N950000000036 1. Entity Name FLORIDA ADVISORY COUNCIL, INC.			
Principal Place of Business ATT: PHIL GUERRA 2601 S BAYSHORE DR SUITE 1600 MIAMI FL 33133		Mailing Address ATT: PHIL GUERRA 2601 S BAYSHORE DR SUITE 1600 MIAMI FL 33133	
2. Principal Place of Business 2525 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134 Country USA		3. Mailing Address 2525 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134 Country USA	
6. Name and Address of Current Registered Agent ST JOHN, GREGORY 2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce De Leon Blvd. Suite 400 City Coral Gables FL Zip Code 33134	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <u>Gregory St. John</u> 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	ADORNO, HENRY N <input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1600	STREET ADDRESS	2525 Ponce de Leon Blvd, #400
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, PHIL <input type="checkbox"/> Delete	NAME	2525 Ponce de Leon Blvd. #400
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1600	STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST JOHN, GREGORY <input type="checkbox"/> Delete	NAME	2525 Ponce de Leon Blvd, #400
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1600	STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSS, GEORGE T. <input type="checkbox"/> Delete	NAME	2525 Ponce de Leon Blvd, #400
STREET ADDRESS	2601 S BAYSHORE DRIVE #1600	STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	100047019581
STREET ADDRESS		STREET ADDRESS	02/22/05--01008--007 **\$61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  <u>Gregory St. John</u> 1/31/05 305.460.1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED
05 FEB -3 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0542858 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ADORNO, HENRY N	
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUERRA, PHIL	
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	ST JOHN, GREGORY	
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOSS, GEORGE T.	
STREET ADDRESS	2601 S BAYSHORE DRIVE #1600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Ponce de Leon Blvd, #400	
STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2525 Ponce de Leon Blvd. #400	
STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	Coral Gables, FL 33134	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100047019581	
STREET ADDRESS	02/22/05--01008--007 **\$61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

Gregory St. John 1/31/05 305.460.1000

Date

Daytime Phone #

FAX

To: Tyrone Scott
Fax: 18502456017

Date: Mon, 14 Feb 2005 17:06:30 -
0500

From: Margee Ryder

of Pages: 1

Ref #: 009900.0007

Comments:

Mr. Scott:

I apologize for the omission of the tax identification numbers for the three Concerned Citizens entities. They are as follows:

Concerned Citizens of Miami-Dade, Inc. - 20-0655254

Concerned Citizens of Broward, Inc. - 20-0655215

Concerned Citizens of Palm Beach, Inc. 20-0655165

If you need any additional information, please call me at my direct number 305.460.1162

Adorno & Yoss LLP
2525 Ponce de Leon Boulevard
Suite 400
Miami, Florida 33134

(305) 460-1000

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