

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001017 (1)

1. Corporation Name

FLORIDA LIBERTY ALLIANCE INC.

Principal Place of Business

**7916 SKIPPER LANE
TALLAHASSEE FL 32311**

Mailing Address

**7916 SKIPPER LANE
TALLAHASSEE FL 32311**



3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, JON
7916 SKIPPER LANE
TALLAHASSEE FL 32311**

81 Name

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

83

84 City

FL

85 Zip Code

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **WHITE, JON**
STREET ADDRESS **2456 SKIPPER LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

1.1 TITLE **C/D** ☒ Change ☐ Addition

1.2 NAME **Klein, Jon**
1.3 STREET ADDRESS **7916 Skipper Lane**
1.4 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **VD** ☐ DELETE

NAME **CAMPBELL, JACK**
STREET ADDRESS **3775 POINCIANA AVE**
CITY-ST-ZIP **MIAMI FL 33133**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE

NAME **ETTINGER, BARRY**
STREET ADDRESS **1918 GINA LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

3.1 TITLE **T/D** ☒ Change ☐ Addition

3.2 NAME **Robert Moore, Robert**
3.3 STREET ADDRESS **401 Merlin Way**
3.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **S** ☐ DELETE

NAME **WEIMORTS, MARK**
STREET ADDRESS **1918 GINA LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME **Weimorts, Mark**
4.3 STREET ADDRESS **4823 Windrush Lane**
4.4 CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **700001841841** ☒ Change ☐ Addition

6.2 NAME **-05/29/96--01018--012**
6.3 STREET ADDRESS *****61.25**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-96

Date

877-9303

Daytime Phone #

CR2E037 (12/95)