

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90060 011 ****61.25

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1. Entity Name

FLORIDIANS FOR A SUSTAINABLE POPULATION, INC.



Principal Place of Business

**PO BOX 6212
POMPANO BEACH FL 33060**

Mailing Address

**PO BOX 6212
POMPANO BEACH FL 33060**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3275788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TARNOW, JOYCE
531 E. MCNAB ROAD
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Joyce Tarnow, President, F.S.P. error

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD ☐ Delete
NAME TARNOW, JOYCE
STREET ADDRESS 531 E. MCNAB RD.
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ Delete
NAME WADE MATTHEWS
STREET ADDRESS 5152 ADMIRAL PL
CITY-ST-ZIP SARASOTA FL 34231

TITLE SD ☐ Delete
NAME RUTH GRAY
STREET ADDRESS 33325 E LAKE JOANNA DR
CITY-ST-ZIP EUSTIS FL 32736

TITLE VPD ☐ Delete
NAME DR ROSS MCCLUNEY
STREET ADDRESS 2287 COX RD
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Joyce Tarnow JOYCE TARNOW

2/2/06

954/942-7278