


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90060 045 ****61.25

DOCUMENT # N95000001071			
1. Entity Name FLORIDIANS FOR A SUSTAINABLE POPULATION, INC.			
Principal Place of Business PO BOX 6242-2641 POMPANO BEACH, FL 33060 CROSS CITY, FL 32628		Mailing Address PO BOX 6242-2641 POMPANO BEACH, FL 33060 CROSS CITY, FL 32628	
2. Principal Place of Business - No P.O. Box # 132 SE 276 ST.		3. Mailing Address 132 SE 276 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CROSS CITY, FL		City & State CROSS CITY, FL	
Zip 32628	Country DIXIE	Zip 32628	Country DIXIE
6. Name and Address of Current Registered Agent TARNOW, JOYCE 531 E. MCNAB ROAD POMPANO BEACH, FL 33060 132 SE 276 ST CROSS CITY, FL 32628		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 <u>Joyce Tarnow, PRESIDENT</u> DATE <u>7/14/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARNOW, JOYCE 531 E. MCNAB RD POMPANO BEACH, FL 33060 132 SE 276 ST CROSS CITY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V.P. WADE MATTHEWS 5152 ADMIRAL PL SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIRECTOR RUTH GRAY 33325 E LAKE JOANNA DR EUSTIS, FL 32736	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DR. ROSS MCCLUNEY 2287 GOLF RD COCOA, FL 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DIRECTOR BEN FUSARO 379 ROB ROY TRAIL TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Joyce Tarnow, PRESIDENT</u>		Date <u>7/14/08</u> Daytime Phone # <u>352/498-2886</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	



07142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3275788 Applied For
Not Applicable

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

FL Zip Code