FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N95000001716 (8)

CITIZENS FOR THE FUTURE OF FLORIDA, INC.

Principal Place	of Business	Mailing Address			00111 00111 00141 11011 10601 11010 0111 1001
%300 E. PARK AVE. Tallahassee Fl 32301		%300 E. PARK AVE. Tallahassee Fil 32301			
				3. Date Incorporated or Qualified 04/11/1995	3a. Date of Last Report
2. Principal Pla		2a Mailing Address		4. FEI Number	Applied For
	E. PARK AVE.	26 300 E. /AC	k Ave		Not Applicable
Suite, Apt. #	ŧ, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Oity & State		City & State			Fee Required
	AHASSEE FLA	28 TALLAHASSEL	e Fla	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24 32		29 3230/ 3	4.S.A.		Yes X No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
WOLFE,	WALTER H JR.		82 Street Addre	Address (P.O. Box Number is Not Acceptable)	
	PARK AVE.			·	
TALLAH	ASSEE FL 32301		83		
			84 City		85 Zip Code
11 Purcuant t	a the provisions of Sections 617.050	O and 617 1509 Florida Statutas 1	ho oboys pagend pagenge	ation submits this statement for the purp	FL The season of the season
or register	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authorized b	by the corporation's board	d of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	of and the growth that the state of	egistered Agent agrature required		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1 1 TITLE		Change Addition
NAME	GRAHAM, WILLIAM B		1.2 NAME		
STREET ADDRESS	%300 E. PARK AVE.		1.3 STREET ADDRESS		
CITY - ST - ZIF	TALLAHASSEE FL 32301		1.4 CITY - ST - ZIP		
TITLE	VD	□ DELETE	2 1 TITLE		Change Addition
NAME	THORNTON, GLENDA L		2 2 NAME		
STREET ADDRESS	%300 E. PARK AVE.		2 3 STREET ADDRESS		
CITY - ST - ZIF	TALLAHASSEE FL 32301	T os sas	2 4 CITY - ST - ZIP		
Mile	STD	DELETE	3.1 TITLE	80000171 02/16/36- 011	Change
NAME STORET ADOREGE	SMITH, RICHARD F		3 2 NAME	****61.25	09 002
STREET ADORESS	%300 E. PARK AVE. TALLAHASSEE FL 32301		3.3 STREET ADDRESS	<u> 本を本む1、ご</u> 0	
CITY-ST-2IP TITLE	IALLAHAOOCE EL OZOUT	DELETE	3.4 CITY-SI-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		□ onenge □ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME		•	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	2,	ر رب ال
CITY - ST - ZIP			5.4 C/TY+ST+Z/P	0	150
TITLE		DELETE	6 1 TITLE	7	Change Addition
NAME			6.2 NAME	· ·	8
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST 7IP			5 4 C/D) - CT - 3 C		

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