

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90033 048 ****61.25

DOCUMENT # **N95000004898**
1. Corporation Name **Center for Direct Democracy, Inc.**

Principal Place of Business Mailing Address
5442 NW 54th Dr. **5442 NW 54th Dr.**
Coconut Creek, FL **Coconut Creek FL**
33073 **33073**

2. Principal Place of Business 21 5730 Carriage Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 4045 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10-16-95
22 City & State 23 Sarasota, FL	27 City & State 28 Sarasota FL	4. FEI Number 65-0614541 Applied For Not Applicable
24 34243 25 U.S.A.	29 34230 30 U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Kimble Ainslie 5442 NW 54th Dr. Coconut Creek, FL 33073	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5730 Carriage Dr. 83 84 City Sarasota FL 85 Zip Code 34243
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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 **Kimble Ainslie** **President** **Apr 12/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME D Kimble F. Ainslie STREET ADDRESS 5730 Carriage Dr. 5442 NW 54th Dr. CITY-ST-ZIP San Coconut Creek FL 33073	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	5730 Carriage Dr. Sarasota FL 34243	
TITLE <input type="checkbox"/> DELETE NAME T Robin E. V. Ainslie STREET ADDRESS 5442 NW 54th Dr. CITY-ST-ZIP Coconut Creek FL 33073	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	5730 Carriage Dr. Sarasota FL 34243	
TITLE <input type="checkbox"/> DELETE NAME D Arthur Mehr STREET ADDRESS 5442 NW 54th Dr. CITY-ST-ZIP Coconut Creek FL 33073	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	5730 Carriage Dr. Sarasota, FL 34243	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: **Kimble Ainslie** **Apr 12/99** **941-351-0505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)