FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

DOCUMENT # 1. Corporation Name

FLORIDA COMMITTEE FOR RESPONSIBLE GOVERNANCE, IN

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS N97000000855 (3)

FILED						
Apr 13 1998	8 8:00am					
Secretary of State						

C.							
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	- 1 SAMINEMA WIN ANNIN ENGIN MONTE MONTE MENT OF	1861 86181 18481 8488 8411 1841	
			2544 BLAIRSTONE PINES DR TALLAHASSEE FL 32301			Date Incorporated or Qualified 02/14/1997 FEI Number	Applied For
2. Principal Place of Business		2a. Malling Addr				5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite			uite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State	<u>├</u> ─		7. Is this nonprofit corporation a homeowned Yes		
Zip	Country 25	Zip 29	Zip Country ·			This corporation owes or has paid the corporation owes or has paid the corporation owes are has paid the corporation.	ırrent year Intangible ☐ Yes 🙀 No
Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent			
MEYER, RONALD G 2544 BLAIRSTONE PINES DR			81 82	Name Street Addr	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301		83					
			84	City	FL	85 Zip Code	
office or registere	rovisions of Sections 617.0 ad agent, or both, in the St iar with, and accept the ob	ate of Florida. Such chan	ige was authorize	ed by	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	. Ivood or praited name of registered	agon and litte If applicable	(NOTE: Registers	d Aon	nt signature requir	red when reinstating) DATE	
Cipromini	, types a printed rating of togratared	effect and the transferonte	1.10.tr. negliticit				

SIGNATURE	Signature, typod or profiled name of registered agent and title if applicat	ole (NOTE: R	egistered Agont signature	required when reinstaling) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Director	DELETE	1.1 TITLE	☐ Change ☐ Addition
41154	Ronald G. Meyer		1.2 NAME	
STREET ADDRESS	2544 Blairstone Pines Drive		1.3 STREET ADDRESS	
	Fallahassee, FL 32301		1.4 CITY-ST-ZIP	
	Director	☐ DELETE	2 1 TITLE	Change Addition
	Robert J. Sniffen		2.2 NAME	
	2544 Blairstone Pines Drive		2.3 STREET ADDRESS	
	Tallahassee, FL 32301		2. 4 CITY-ST-ZIP	
	Director	☐ DELETE	3.1 TITLE	Change Addition
NAME	Lynn T. Thomas		3.2 NAME	
	2544 Blairstone Pines Drive		3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301		3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZiP	
TITLE		DELETE	5.1 TITLE	50000024883600
NAME			5.2 NAME	***61.25
STREET ADDRESS			5.3 STREET ADDRESS	***************************************
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	4.13/2
STREET ADDRESS			6.3 STREET ADDRESS	
OITY OT 710		1	6 4 CITY_ST_7IP	l l

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 supplementar 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 of the receiver of tristop 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, on on an attachment within address.

1878-5112