

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746199

Entity Name: FLORIDA TAXWATCH RESEARCH INSTITUTE, INC.**Current Principal Place of Business:**106 N BRONOUGH ST
TALLAHASSEE, FL 32301**Current Mailing Address:**P O BOX 10209
TALLAHASSEE, FL 32302 US**FEI Number:** 59-1918055**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CALABRO, DOMINIC MMR
106 N BRONOUGH ST
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	CALABRO, DOMINIC MMR.
Address	106 N. BRONOUGH ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	PATEL, PIYUSH
Address	106 N BRONOUGH
City-State-Zip:	TALLAHASSEE FL 32301

Title	CHAIR
Name	MANN, DAVID
Address	76 SOUTH LAURA STREET 23RD FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	LEMIEUX, GEORGE
Address	450 EAST LAS OLAS BLVD STE 1400
City-State-Zip:	FT LAUDERDALE FL 33301

Title	VICE CHAIR
Name	NEAL, PAT
Address	5800 LAKEWOOD RANCH BLVD N.
City-State-Zip:	LAKEWOOD RANCH FL 34240

Title	CFO
Name	DEAN, KEITH
Address	2029 LAUREL ST
City-State-Zip:	TALLAHASSEE FL 32304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH DEAN**CFO****06/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date