

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009174

**FILED  
Apr 25, 2016  
Secretary of State  
CC3092640790**

**Entity Name:** CITIZENS SPEAKING OUT COMMITTEE, INC.

**Current Principal Place of Business:**

115 EAST PARK AVENUE  
SUITE 1  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

115 EAST PARK AVENUE  
SUITE 1  
TALLAHASSEE, FL 32301

**FEI Number:** 20-5463167

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COATES LAW FIRM, PL  
115 EAST PARK AVENUE  
SUITE 1  
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 C  
Name JONES, WILLIAM S  
Address 3539 APALACHEE PARKWAY, #212  
City-State-Zip: TALLAHASSEE FL 32311

Title T  
Name JONES, CHRISTIE  
Address 3539 APALACHEE PARKWAY, #212  
City-State-Zip: TALLAHASSEE FL 32311

Title S  
Name MAY, DELENA  
Address 3539 APALACHEE PARKWAY, #212  
City-State-Zip: TALLAHASSEE FL 32311

*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: WILLIAM S JONES**

**CHAIRMAN**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date