





**UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECEIVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERCIAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY F.S.s. 320.08056 AND 320.08058 OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY F.S.s. 320.08062 AND THAT THE INFORMATION DISCLOSED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
(Signature of organization head) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Printed name) \_\_\_\_\_ (Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
(Month)  
\_\_\_\_\_, BY \_\_\_\_\_  
(Year) (Name of person making statement)

**WHO**

(Check one)

\_\_\_\_ IS PERSONALLY KNOWN TO ME, OR  
\_\_\_\_ PRODUCED IDENTIFICATION \_\_\_\_\_  
(Type of ID produced)

\_\_\_\_\_  
(Signature of notary public) \_\_\_\_\_ (Print, Type, or Stamp commissioned name of notary public)

Return-Address:

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