

FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000170					
1. Corporation Name THE CONCERNED CITIZENS OF MULBERRY AND THE SURROUNDING AREAS INCORPORATED					
Principal Place of Business P.O. BOX 134 MULBERRY FL 33860-0134			Mailing Address P.O. BOX 134 MULBERRY FL 33860-0134		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/12/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0462157	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired ☐				\$8.75. Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution ☐					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAYLOR, JULIE W 707 S.E. 3RD STREET MULBERRY FL 33860				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	TAYLOR, JULIE W	1.2 NAME	Sandra Brown
STREET ADDRESS	707 S.E. 3RD STREET	1.3 STREET ADDRESS	602 S.E. 5th Street
CITY-ST-ZIP	MULBERRY FL 33860	1.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	T ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	BOSTIC, WILLIE	2.2 NAME	Ellestine Smith
STREET ADDRESS	2225 3RD ST.	2.3 STREET ADDRESS	601 N.W. 2nd St.
CITY-ST-ZIP	MULBERRY FL 33860	2.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	T ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	BAKER, ROOSEVELT	3.2 NAME	Tr Robert Courteau
STREET ADDRESS	406 N.W. 1ST ST.	3.3 STREET ADDRESS	371 Lake Erie Ln
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	AS ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	JOHNSON, DONNA	4.2 NAME	Tr Willie Bostic
STREET ADDRESS	304 S.W. 3RD AVENUE	4.3 STREET ADDRESS	2225 3rd St.
CITY-ST-ZIP	MULBERRY FL 33860	4.4 CITY-ST-ZIP	Mulberry, FL.
TITLE	T ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	BAKER, HAZEL	5.2 NAME	Tr Roosevelt Baker
STREET ADDRESS	300 9TH AVE. S.E.	5.3 STREET ADDRESS	406 N.W. 1st St.
CITY-ST-ZIP	MULBERRY FL 33860	5.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	CHAP ☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	BROOKS, CHARLES	6.2 NAME	T Hazel Baker
STREET ADDRESS	706 S.E. 3RD STREET	6.3 STREET ADDRESS	300 9th Ave. S.E.
CITY-ST-ZIP	MULBERRY FL 33860	6.4 CITY-ST-ZIP	Mulberry, FL. 33860

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: [Signature] **SIGNATURE REQUIRED** 4/26/99 (941) 701-1054
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)