

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001387 (8)**

1. Corporation Name

CONCERNED ALACHUA CITIZENS, INC.



Principal Place of Business: **MASONIC LODGE BLDG., COUNTY LODGE 235/241 ALACHUA FL 32615**
Mailing Address: **P.O. BOX 222 ALACHUA FL 32615**

3. Date Incorporated or Qualified: **03/22/1995**
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3345241	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JACKSON, WILBUR A SR.
COUNTY ROAD 235/241
ALACHUA FL 32615**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP JACKSON, WILBUR A SR. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WILBUR A SR.	1.2 NAME	
STREET ADDRESS	8401 NW 31, LOT 106	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	1.4 CITY-ST-ZIP	
TITLE	DV CRISWELL, GERALD REV. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISWELL, GERALD REV.	2.2 NAME	
STREET ADDRESS	P.O. BOX 577	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	
TITLE	DS HATHCOCK, JOYCE M <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHCOCK, JOYCE M	3.2 NAME	
STREET ADDRESS	P.O. BOX 222	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	3.4 CITY-ST-ZIP	
TITLE	DS COLLINS, LULA M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LULA M	4.2 NAME	
STREET ADDRESS	P.O. BOX 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	4.4 CITY-ST-ZIP	
TITLE	DT COLLINS, MAMIE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, MAMIE	5.2 NAME	
STREET ADDRESS	P.O. BOX 345	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	5.4 CITY-ST-ZIP	
TITLE	D WELCH, F. E <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, F. E	6.2 NAME	
STREET ADDRESS	P.O. BOX 412	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Wilbur A. Jackson Jr.* **3/21/96** (904) 334-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)