

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734887 (3)

1. Corporation Name
COMMUNITY OF CONCERNED CITIZENS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**JAMESON RD
PO BOX 1262
QUINCY FL 32351**

3. Date Incorporated or Qualified 02/05/1976	3a. Date of Last Report 04/28/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ROBINSON, GWEN
RT 6 BOX 161
QUINCY FL 32351**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Gwendolyn P. Robinson DATE 4-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ROBINSON, GWENDOLYN P.
STREET ADDRESS RT 6 BOX 161	CITY-ST-ZIP QUINCY FL
TITLE V	NAME CUNNINGHAM, NATHANIEL
STREET ADDRESS RT 6 ST HEBRON RD BX 176	CITY-ST-ZIP QUINCY FL
TITLE T	NAME JONES, DOROTHY
STREET ADDRESS RT. 6 BOX 172	CITY-ST-ZIP QUINCY FL
TITLE S	NAME ROSS, MARILYN
STREET ADDRESS RT 6 ST HEBRON RD	CITY-ST-ZIP QUINCY FL
TITLE D	NAME FITZGERALD, KAREN
STREET ADDRESS RT 6 WOODARD RD	CITY-ST-ZIP QUINCY FL
TITLE D	NAME ROBINSON, GERTRUDE
STREET ADDRESS RT. 6 BOX 176	CITY-ST-ZIP QUINCY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S Karen Jackson
4.3 STREET ADDRESS	RT 6 BOX 275
4.4 CITY-ST-ZIP	QUINCY, FL 32351
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(4), 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: Gwendolyn P. Robinson DATE 4-14-95 DAYTIME PHONE # 904-8751446
Signature and typed or printed name of signing officer or director