

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 # 734887 (3)

1. Corporation Name

COMMUNITY OF CONCERNED CITIZENS, INC.



Principal Place of Business

Mailing Address

JAMIESON RD  
PO BOX 1262  
QUINCY FL 32351

JAMIESON RD  
PO BOX 1262  
QUINCY FL 32351

3. Date Incorporated or Qualified

02/05/1976

3a. Date of Last Report

04/19/1995

4. FEI Number

NOT APPLICABLE

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, GWEN  
RT 6 BOX 161  
QUINCY FL 32351

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

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 ☐ DELETE

NAME  
PD  
ROBINSON, GWENDOLYN P.  
STREET ADDRESS  
RT 6 BOX 161  
CITY-ST-ZIP  
QUINCY FL

TITLE ☐ DELETE

NAME  
V  
CUNNINGHAM, NATHANIEL  
STREET ADDRESS  
RT 6 ST HEBRON RD BX 176  
CITY-ST-ZIP  
QUINCY FL

TITLE ☐ DELETE

NAME  
T  
JONES, DOROTHY  
STREET ADDRESS  
RT. 6 BOX 172  
CITY-ST-ZIP  
QUINCY FL

TITLE ☐ DELETE

NAME  
S  
JACKSON, SHARON  
STREET ADDRESS  
RT 6 BOX 275  
CITY-ST-ZIP  
QUINCY FL

TITLE ☐ DELETE

NAME  
D  
FITZGERALD, KAREN  
STREET ADDRESS  
RT 6 WOODARD RD  
CITY-ST-ZIP  
QUINCY FL

TITLE ☐ DELETE

NAME  
D  
ROBINSON, GERTRUDE  
STREET ADDRESS  
RT. 6 BOX 176  
CITY-ST-ZIP  
QUINCY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Guendolyn P. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

Date

904875-1446

Daytime Phone #

CR2E037 (12/95)