2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734887

FILED Oct 25, 2005 Secretary of State

Entity Name: COMMUNITY OF CONCERNED CITIZENS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ON A.M.E. CH FL 32352	HURCH			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
329 ROBIN QUINCY, F	NSON DR. FL 32351				
FEI Number	: 59-3432436	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	BHAM, REGIN NSON DR. FL 32351	ALD A US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both	
SIGNATUI	RE: REGINA	ALD A. CUNNINGHAM			
	Electro	onic Signature of Registered Ago	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTO	
Fitle: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	V (HOUSTON, RI 134 HOUSTOI QUINCY, FL	N ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	THOMPSON,	VILLIAMS ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	S (JACKSON, KA 95 GAMBLE L QUINCY, FL :	.N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (FITZGERALD RT 6 WOODA QUINCY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
			Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD A. CUNNINGHAM PD 10/25/2005