

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740326

FILED
Apr 07, 2009
Secretary of State

Entity Name: CONCERNED CITIZENS OF BRADFORD COUNTY, INC.

Current Principal Place of Business:

1080 PINE ST.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

1080 PINE ST.
P.O. BOX 354
STARKE, FL 32091

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COOPER, JOHN S
100 W. CALL ST
STARKE, FL 32091 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMILTON, EDWARD L
Address: 1766 NE 209TH WAY
City-St-Zip: LAWTEY, FL 32058 US

Title: V () Delete
Name: WILLIAMS, DARRELL
Address: 1206 DELL STREET
City-St-Zip: STARKE, FL 32091

Title: S () Delete
Name: MCMILLIAN, ALICA
Address: 17939 NW 55TH LN
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: GOODWINE, AGNES
Address: 405 UTAH ST
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: BANKS, ROBERT
Address: 1108 CALVARY ST.
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: BURCH, ARTHUR L
Address: 3000 ALLISON WAY - APT #302
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KELLY, ESTHER B
Address: 1117 KELLER STREET
City-St-Zip: STARKE, FL 32091

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALICA MCMILLIAN

SECR

04/07/2009

Electronic Signature of Signing Officer or Director

Date