FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752787** **(2)**

1. Corporate Name

CONCERNED CITIZENS OF DEVELOPMENTAL DISABILITIES , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% INDUSTRIAL COMPLEX OF RAIFORD P.O. BOX 368 RAIFORD FL 32083	% INDUSTRIAL COMPLEX OF RAIFORD P.O. BOX 368 RAIFORD FL 32083

3. Date Incorporated or Qualified: 06/04/1980
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2134008 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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. 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

GRIFFIS, J.D.
SR 121
BOX 98
RAIFORD FL 32083

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 X _____ APRIL 7, 1995
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	11 TITLE		☐ Change ☐ Addition
NAME	GRIFFIS, J D	12 NAME		
STREET ADDRESS	P.O. BOX 98, N/A	13 STREET ADDRESS		
CITY ST ZIP	RAIFORD FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☒ Change ☐ Addition
NAME	RHODEN, MIKE	22 NAME		
STREET ADDRESS	~~RT 2 BOX 131~~	23 STREET ADDRESS	ROUTE 1, BOX 182	
CITY ST ZIP	~~LAKE BUTLER FL~~	24 CITY ST ZIP	RAIFORD, FL. 32083	
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	ANDREWS, WADE	32 NAME		
STREET ADDRESS	~~RT 3, BOX 622~~	33 STREET ADDRESS	ROUTE 4, BOX 3546	
CITY ST ZIP	LAKE BUTLER FL	34 CITY ST ZIP		
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	GRIFFIS, MARIAN	42 NAME		
STREET ADDRESS	P.O. BOX 34, N/A	43 STREET ADDRESS		
CITY ST ZIP	RAIFORD FL 32083	44 CITY ST ZIP		
TITLE	CD	51 TITLE		☐ Change ☐ Addition
NAME	GRIFFIS, RESSIE	52 NAME		
STREET ADDRESS	586 S.W. 6TH ST.	53 STREET ADDRESS		
CITY ST ZIP	LAKE BUTLER FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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 any attachment with an address.

SIGNATURE: X J. D. GRIFFIS VICE-CHAIRMAN 4/7/95 904-431-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0023117