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

1. Corporation Name

CONCERNED CITIZENS OF DEVELOPMENTAL DISABILITIES , INC.

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

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 06/04/1980
3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 X J. D. GRIFFIS 4/23/96
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	VC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIS, J D		1.2 NAME		
STREET ADDRESS	P.O. BOX 98, NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	RAIFORD FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RHODEN, MIKE		2.2 NAME		
STREET ADDRESS	RT. 1 BOX 182		2.3 STREET ADDRESS		
CITY-ST-ZIP	RAIFORD FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, WADE		3.2 NAME		
STREET ADDRESS	RT. 4 BOX 3546		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		3.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	~~GRIFFIS, MARIAN~~		4.2 NAME	GRIFFIS, GREG	
STREET ADDRESS	~~P.O. BOX 34, N/A~~		4.3 STREET ADDRESS	P.O. BOX 569, NA	
CITY-ST-ZIP	~~RAIFORD FL 32083~~		4.4 CITY-ST-ZIP	LAWTEY, FL. 32058	
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIS, RESSIE		5.2 NAME		
STREET ADDRESS	586 S.W. 6TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: X J. D. GRIFFIS VICE-CHAIRMAN 904-431-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)