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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32083-0368

3. Date Incorporated or Qualified  
06/04/1980

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2134008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

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

TITLE VC ☐ DELETE

NAME GRIFFIS, J D  
STREET ADDRESS P.O. BOX 98, NA  
CITY-ST-ZIP RAIFORD FL

TITLE VP ☐ DELETE

NAME RHODEN, MIKE  
STREET ADDRESS RT. 1 BOX 182  
CITY-ST-ZIP RAIFORD FL

TITLE PD ☐ DELETE

NAME ANDREWS, WADE  
STREET ADDRESS RT. 4 BOX 3546  
CITY-ST-ZIP LAKE BUTLER FL

TITLE STD ☐ DELETE

NAME GRIFFIS, GREG  
STREET ADDRESS P.O. BOX 589 N/A  
CITY-ST-ZIP LAWTEY FL 32058

TITLE CD ☐ DELETE

NAME GRIFFIS, RESSIE  
STREET ADDRESS 588 S.W. 6TH ST.  
CITY-ST-ZIP LAKE BUTLER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

(904) 431-1898

CR2E037 (9/96)