

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90035 030 ****70.00

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DOCUMENT # 816486

1. Corporation Name

PROJECT CONCERN INCORPORATED

143592 - 90035 - 30

Principal Place of Business

3550 AFTON ROAD
SAN DIEGO CA 92123

Mailing Address

3550 AFTON ROAD
SAN DIEGO CA 92123
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/06/1962

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

95-2248462

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKBURN, A.B. JR.
3030 INDEPENDENT LIFE BLDG.
JACKSONVILLE FL 32202

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☒ DELETE

NAME

BARNARD, KATHY

STREET ADDRESS

2461 E WYNTERBROOK DRIVE

CITY-ST-ZIP

HIGHLANDS RANCH CO

TITLE

D

☒ DELETE

NAME

WEITZEN, LAWRENCE A

STREET ADDRESS

1620 FIFTH AVE FIFTH FLOOR

CITY-ST-ZIP

SAN DIEGO CA

TITLE

ED

☐ DELETE

NAME

SHAUGHNESSY, DANIEL E

STREET ADDRESS

4215 STEPHENS STREET

CITY-ST-ZIP

SAN DIEGO CA

TITLE

S

☒ DELETE

NAME

SMART, NINA

STREET ADDRESS

2004 OLIVER AVE

CITY-ST-ZIP

SAN DIEGO CA

TITLE

D

☐ DELETE

NAME

CALDERON, ANDRES

STREET ADDRESS

3822 SHERMAN STREET

CITY-ST-ZIP

SAN DIEGO CA

TITLE

D

☐ DELETE

NAME

COLLINS, JOHN

STREET ADDRESS

1314 VISTA DEL MONTE DRIVE

CITY-ST-ZIP

EL CAJON CA

1.1 TITLE

D.

☒ Change

☐ Addition

1.2 NAME

Hugh Boyer

1.3 STREET ADDRESS

824 Seventh St., N.W.

1.4 CITY-ST-ZIP

Hickory, NC 28601

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

Susan Bonet

2.3 STREET ADDRESS

7811 Eads No. 112

2.4 CITY-ST-ZIP

La Jolla, CA 92037

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

MELINDA SMITH

3550 AFTON RD

SAN DIEGO CA 92123

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL E SHAUGHNESSY / 12/99 (619) 279-9690

CR2E037 (11/98)