

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002165

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** CONCERNED CITIZENS OF EAST STUART/MARTIN COUNTY, INC.

**Current Principal Place of Business:**

2207 SOUTH KANNER HWY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2207 SOUTH KANNER HWY  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 03-0403785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BELL, JOHNNIE  
914 SE HALL ST.  
PO BOX 881  
STUART, FL 34994 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: D ( ) Delete  
Name: BELL, JOHNNIE  
Address: 914 SE HALL STREET  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: DAVIS, LARRY  
Address: PO BOX 1454  
City-St-Zip: STUART, FL 34995

Title: D ( ) Delete  
Name: BLATCH, XAVIER  
Address: 906 E MADISON AVE  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: FRANCES, CURTIS  
Address: 907 E 10TH STREET  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: CHRISTIE, JAMES  
Address: 915 HALL STREET  
City-St-Zip: STUART, FL 34994

**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: ( ) 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 for the exemption stated in Section 119.07(3)(i), 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: XAVIER L. BLATCH

VP

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date