

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90036 017 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000002165					
1. Entity Name CONCERNED CITIZENS OF EAST STUART/MARTIN COUNTY, INC.					
Principal Place of Business 2207 SOUTH KANNER HWY STUART, FL 34994			Mailing Address 2207 SOUTH KANNER HWY STUART, FL 34994		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0403785	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELL, JOHNNIE 914 SE HALL ST. PO BOX 881 STUART, FL 34994				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>X</i> <i>G. Johnnie Bell</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	BELL, JOHNNIE				
STREET ADDRESS	914 SE HALL STREET				
CITY-ST-ZIP	STUART, FL 34994				
TITLE	D	<input type="checkbox"/> Delete			
NAME	DAVIS, LARRY				
STREET ADDRESS	PO BOX 1454				
CITY-ST-ZIP	STUART, FL 34995				
TITLE	D	<input type="checkbox"/> Delete			
NAME	FRANCIS, KIRTON				
STREET ADDRESS	907 E 10TH STREET				
CITY-ST-ZIP	STUART, FL 34994				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CHRISTIE, JAMES				
STREET ADDRESS	915 HALL STREET				
CITY-ST-ZIP	STUART, FL 34994				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>G. Johnnie Bell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 772-287-0408 <small>Daytime Phone #</small>					