

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005952

FILED  
Apr 25, 2004  
Secretary of State

Entity Name: CONCERNED CITIZENS OF WILLISTON, INC

**Current Principal Place of Business:**

147 N.E. 1ST  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 966  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 59-3743565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KRUEGER, MAXINE  
147 N.E. 1ST  
WILLISTON, FL 32696

**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: DP ( ) Delete  
Name: KRUEGER, MAXINE  
Address: 147 N.E. 1ST  
City-St-Zip: WILLISTON, FL 32696

Title: DV ( ) Delete  
Name: SHERMAN, HORACE  
Address: 358 S.E. 10TH ST.  
City-St-Zip: WILLISTON, FL 32696

Title: DT ( ) Delete  
Name: SESHAMMA, REDDY  
Address: 519 S.W. 7TH AVE.  
City-St-Zip: WILLISTON, FL 32696

Title: DS ( ) Delete  
Name: LAMB, MARLENE  
Address: 707 SE 1ST ST  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GILREATH, DON  
Address: 641 NW 2ND AVE.  
City-St-Zip: WILLISTON, FL 32696

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: KRUEGER, MAXINE  
Address: 147 NE 1ST STREET  
City-St-Zip: WILLISTON, FL 32696

Title: DS (X) Change ( ) Addition  
Name: YOUNG, BETTY  
Address: 7950 NW 80TH AVENUE  
City-St-Zip: OCALA, FL 34482

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: MAXINE KRUEGER

DT

04/25/2004

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

\_\_\_\_\_  
Date