


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003940</b> 1. Entity Name <b>CONCERNED CITIZENS OF FOWLERS BLUFF, INC.</b>	
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Principal Place of Business <b>4591 N.W. CR 347 CHIEFLAND, FL 32626</b>	Mailing Address <b>P.O. BOX 1151 CHIEFLAND, FL 32644</b>
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**DO NOT WRITE IN THIS SPACE**



04102005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>03-0459293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BECK, PHILLIP K  
11151 NW 115TH ST  
CHIEFLAND, FL 32626**

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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, CRAIG 15490 N.W. 42ND LANE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TODD, THOMAS N 15031 N.W. 46TH LANE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPKINS, CATHY A 4496 N.W. 152ND AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEFFEY, MARY C 4497 N.W. 152ND CT CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000300219  
04/12/05-80008-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cathy A. Simpkins **Cathy A. Simpkins** 4/10/2005 352-490-8505

Date Daytime Phone #