2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N02000003940

Entity Name: CONCERNED CITIZENS OF FOWLERS BLUFF, INC.

Current Principal Place of Business:

4591 N.W. CR 347
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1151
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 03-0459293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECK, PHILLIP K
11151 NW 115TH ST
CHIEFLAND, FL 32626 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: PD ( ) Delete
Name: HALE, MARY
Address: 4130 NW 153 CT
City-St-Zip: CHIEFLAND, FL 32626

Title: VD (X) Delete
Name: BUSHNELL, DONNA
Address: 15639 NW 46 LN
City-St-Zip: CHIEFLAND, FL 32626

Title: SD ( ) Delete
Name: SIMPKINS, CATHY A
Address: 4496 N.W. 152ND AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: TD ( ) Delete
Name: LEFFEW, MARY C
Address: 4497 N.W. 152ND CT
City-St-Zip: CHIEFLAND, FL 32626

Title: D ( ) Delete
Name: WOERNER, DAVE
Address: 15491 NW 46 LN
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BUSHNELL, DONNA
Address: 15639 NW 46TH LANE
City-St-Zip: CHIEFLAND, FL 32626

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 exemption stated 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 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: CATHY A. SIMPKINS SD 01/16/2009
Electronic Signature of Signing Officer or Director — Date