## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006211

Entity Name: CONCERNED CITIZENS OF WAKULLA, INC

Apr 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

CHAD W. HANSON 14 EGRET STREET NORTH CRAWFORDVILLE, FL 32327 US

**New Mailing Address: Current Mailing Address:** 

CHAD W. HANSON 14 EGRET STREET NORTH CRAWFORDVILLE, FL 32327 US

FEI Number: 90-0110416 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HANSON, CHAD W 14 EGRET STREET NORTH US CRAWFORDVILLE, FL 32327

**OFFICERS AND DIRECTORS:** 

153 OLD STILL ROAD

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:

Date

Address:

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CO-P () Delete (X) Change ( ) Addition HANSON, CHAD W HANSON, CHAD W Name: Name:

14 EGRET STREET NORTH Address: 14 EGRET STREET NORTH Address: City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: CO-P () Delete Title: VCH (X) Change ( ) Addition Name: PARKER-HANSON, DELLA F Name: ALESSI, ROBERT

Address: 14 EGRET STREET NORTH Address: PO BOX 1738

City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip: CRAWFORDVILLE, FL 32326 US

Title: () Delete Title: (X) Change ( ) Addition CAPRON, RONALD W Name: CAPRON, RONALD W Name:

Address: 153 OLD STILL ROAD City-St-Zip: CRAWFORDVILLE, FL 32327US City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: () Delete Title: DR ( ) Change (X) Addition

Name: Name: BRANDT, KARLA

1236 LIVE OAK ISLAND DRIVE Address: Address: City-St-Zip: City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: RONALD W CAPRON TR 04/28/2004