2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N03000006211

Entity Name: CONCERNED CITIZENS OF WAKULLA, INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

HANSON, CHAD W
14 EGRET STREET NORTH
CRAWFORDVILLE, FL 32327 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: CH ( ) Delete
Name: HANSON, CHAD W
Address: 14 EGRET STREET NORTH
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VCH ( ) Delete
Name: ALESSI, ROBERT
Address: PO BOX 1738
City-St-Zip: CRAWFORDVILLE, FL 32326 US

Title: TR ( ) Delete
Name: CAPRON, RONALD W
Address: 153 OLD STILL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DR ( ) Delete
Name: BRANDT, KARLA
Address: 1236 LIVE OAK ISLAND DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR (X) Change ( ) Addition
Name: CAPRON, RONALD W
Address: P.O. BOX 2482
City-St-Zip: TALLAHASSEE, FL 32316 US

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

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 TREA 04/25/2005
Electronic Signature of Signing Officer or Director — Date