2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N03000006211

Entity Name: CONCERNED CITIZENS OF WAKULLA, INC

Current Principal Place of Business:

POB 213
CRAWFORDVILLE, FL 32326 US

New Principal Place of Business:

14 EGRET ST N
CRAWFORDVILLE, FL 32327 US

Current Mailing Address:

POB 213
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

POB 713
CRAWFORDVILLE, FL 32326 US

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: HESS, CHUCK
Address: 112 LK ELLEN CIR
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: TR ( ) Delete
Name: DUGO, ED
Address: 131 BREAM FOUNTAIN RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: S ( ) Delete
Name: CORTESE, MARY
Address: 1025 MYERS PK DR
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHAD W. HANSON CH 04/28/2007
Electronic Signature of Signing Officer or Director — Date