

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006211

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** CONCERNED CITIZENS OF WAKULLA, INC

**Current Principal Place of Business:**

14 EGRET ST N  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 713  
CRAWFORDVILLE, FL 32326 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  
**Name:** HESS, CHUCK  
**Address:** 112 LK ELLEN CIR  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**Title:** VCH  
**Name:** HANSEN, CHAD W  
**Address:** 14 EGRET ST N  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

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

**Title:** S  
**Name:** DUGO, KAREN  
**Address:** 131 BREAM FOUNTAIN RD  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

I hereby 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 all other like empowered.

**SIGNATURE:** ED DUGO

TR

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date