

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007221

FILED
May 01, 2006
Secretary of State

Entity Name: BUTLER CHAIN CONCERNED CITIZENS INC.

Current Principal Place of Business:

5722 WEST LAKE BUTLER ROAD
WINDERMERE, FL 34786

New Principal Place of Business:

5331 WEST LAKE BUTLER ROAD
WINDERMERE, FL 34786

Current Mailing Address:

P.O.BOX 848
WINDERMERE, FL 347860848

New Mailing Address:

FEI Number: 75-3111533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ATCHLEY, GLORIA T
5722 WEST LAKE BUTLER ROAD
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

BRADFORD, LORI W
5331 WEST LAKE BUTLER ROAD
WINDERMERE, FL 34786 US

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: LORI W. BRADFORD

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADFORD, LORI
Address: 5331 WEST LAKE BUTLER RD.
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: ROPER, THELLIE
Address: PO BOX 111
City-St-Zip: WINDERMERE, FL 34786

Title: STD () Delete
Name: ATCHLEY, GLORIA T
Address: 5722 WEST LAKE BUTLER RD.
City-St-Zip: WINDERMERE, FL 34786

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LORI W. BRADFORD

DIR

05/01/2006

Electronic Signature of Signing Officer or Director

Date