


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 031 ****61.25

DOCUMENT # N03000007684 1. Entity Name CONCERNED CITIZENS OF FRANKLIN COUNTY, INC.					
Principal Place of Business 2209 CONCH DRIVE ST. GEORGE ISLAND, FL 32328 US			Mailing Address POST OFFICE BOX 990 EASTPOINT, FL 32328 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, JERRY M PRES 2209 CONCH DRIVE ST GEORGE ISLAND, FL 32328				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. THOMPSON, JERRY M PRES. 2209 CONCH DRIVE ST. GEORGE ISLAND, FL 32328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Allan Feifer 582 Bald Point Rd. Alligator Point, FL 32346	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS PILCHER, LUCILE TREAS. 111 QUAIL TRAIL AMERICUS, GA 31709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Paul Riegelmayr 1471 E. Gulf Beach Dr. St. George Island, FL 32328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. GLEN, SILER SEC 1659 HARBOR LIGHT LANE ST. GEORGE ISLAND, FL 32328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Ann Harper 323 Gander St. St. George Island, FL 32328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CURT, SPANGLER DIRECTO 457 W. PINE STREET ST. GEORGE ISLAND, FL 32328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Dolores Roux 87 5th St. Apalachicola, FL 32320	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RICHARD, DOWDY DIRECT 748 E. PINE ST ST. GEORGE ISLAND, FL 32328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Richard Harper Jr. 323 Gander St. St. George Island, FL 32328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Charlic Nichols Hwy 98 East Point, FL 32328	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ann Harper</u>				Date <u>3-29-07</u>	