


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000007684 1. Entity Name CONCERNED CITIZENS OF FRANKLIN COUNTY, INC.	
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Principal Place of Business 2209 CONCH DRIVE ST. GEORGE ISLAND, FL 32328 US	Mailing Address POST OFFICE BOX 990 EASTPOINT, FL 32328 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
08 APR 15 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Albert C. Penson Street Address (P.O. Box Number is Not Acceptable) 2810 REMINGTON GREEN CIRCLE City TALLAHASSEE FL Zip Code 32308
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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 *Albert C. Penson* **Albert C. Penson** 4/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P FEITER, ALLAN 582 BALD POINT RD ALLIGATOR POINT, FL 32346	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FEIFER, ALLAN 582 BALD POINT RD ALLIGATOR POINT, FL 32346
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	T RIEGELMAYER, PAUL 1471 E GULF BEACH DR ST GEORGE ISLAND, FL 32328	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RIEGELMAYER, GAIL 1471 E. GULF BEACH DR. ST. GEORGE ISLAND, FL 32328
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	S <input checked="" type="checkbox"/> Delete HARPER, ANN 323 GANDER ST ST. GEORGE ISLAND, FL 32328	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WINTER, JACK 3050-B MARGARET MITCHELL DR. ATLANTA, GA 30327
Delete <input checked="" type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	D ROUX, DOLORES 87 5TH ST APALACHICOLA, FL 32320	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OSBORNE, KEN 4177 TRALEE RD TALLAHASSEE, FL 32309
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	D HARPER, RICHARD JR 323 GANDER ST ST. GEORGE ISLAND, FL 32328	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	D <input checked="" type="checkbox"/> Delete NICHOLS, CHARLIE HWY 98 EASTPOINT, FL 32328	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Delete <input checked="" type="checkbox"/>		Delete <input type="checkbox"/>	

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: *Paul Riegelmaier* **PAUL RIEGELMAYER** 4-7-2008 (850) 899-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #