

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002889

FILED
Jan 05, 2005
Secretary of State

Entity Name: CONCERNED CITIZENS OF OKALOOSA COUNTY INC.

Current Principal Place of Business:

518 JUPITER AVE
NICEVILLE, FL 325783305

New Principal Place of Business:

Current Mailing Address:

518 JUPITER AVE
NICEVILLE, FL 325783305

New Mailing Address:

FEI Number: 74-3115952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, WILLIAM M
518 JUPITER AVE
NICEVILLE, FL 325783305 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: P () Delete
Name: THOMAS, WILLIAM M
Address: 518 JUPITER AVE
City-St-Zip: NICEVILLE, FL 325783305

Title: VP () Delete
Name: CHAMBERS, LES
Address: 114 ARROW POINT COVE
City-St-Zip: VALPARAISO, FL 32580

Title: S () Delete
Name: THOMAS, CHANTE M.S.
Address: 518 JUPITER AVE
City-St-Zip: NICEVILLE, FL 325783305

Title: D () Delete
Name: DONAHOO, CARL
Address: 1150 PIN OAK
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: COMBS, KAREN
Address: 19 JAPONICA LN
City-St-Zip: SHALIMAR, FL 32579

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:

Title: D (X) Change () Addition
Name: COMBS, KARYN
Address: 19 JAPONICA LN
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM M THOMAS

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date