

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008449

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** CITIZENS AGAINST THE MISSILE/BOMBING RANGE INC

**Current Principal Place of Business:**

4410 ECONFINA RIVER RD  
LAMONT, FL 32336 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 205  
PERRY, FL 32348 US

**New Mailing Address:**

**FEI Number:** 83-0404916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANGSTON, DIANA L  
4410 ECONFINA RIVER RD  
LAMONT, FL 32336 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: LANGSTON, DIANA L  
Address: 4410 ECONFINA RIVER RD  
City-St-Zip: LAMONT, FL 32336 US

Title: VP (X) Delete  
Name: SUMNER, CARL  
Address: 4242 RIVER STREET  
City-St-Zip: LAMONT, FL 32336 US

Title: SECT ( ) Delete  
Name: MCBRIDE, CONNIE  
Address: PO BOX 205  
City-St-Zip: PERRY, FL 32348 US

Title: TRES ( ) Delete  
Name: KINSEY, BONNIE  
Address: 4252 RIVER ST  
City-St-Zip: LAMONT, FL 32336 US

**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:

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: DIANA L LANGSTON

P

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date