

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


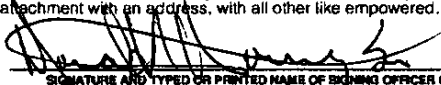
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2005 SEP 16 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09072005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000011234			
1. Entity Name CONCERNED ORGANIZED MEN IN ACTION, INC.			
Principal Place of Business 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168		Mailing Address 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business		3. Mailing Address PO Box 53	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New Smyrna Beach, FL	
Zip	Country	Zip	Country
		32170-0053	USA
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, MELVIN SR 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 7, 2005		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	PD WASHINGTON, ALBERT SR 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600059780976 09/20/05--01039--010 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGER, GORDON 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Horne, Donald A Sr. 201 Oak Street New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DARRISAW, JOSEPH 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, WILLFORD 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, MELVIN SR 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, DONALD A SR. 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		9-7-05 386-428-5012	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

9/11/05