


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000005499</b>	
1. Entity Name <b>WALDO CONCERNED CITIZENS FOR THE COMMUNITY, INC.</b>	

Principal Place of Business <b>13550 NE 148TH AVE WALDO, FL 32694</b>	Mailing Address <b>PO BOX 418 WALDO, FL 32694</b>
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**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3004699</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**PLATT, BERTHA L  
15706 NE COUNTY RD 1475  
WALDO, FL 32694**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PLATT, BERTHA L PO BOX 682 WALDO, FL 32694</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS HILL, CATHERINE PO BOX 102 WALDO, FL 32694</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RICH, MARY PO BOX 301 WALDO, FL 32694</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C O'NEAL, LARRY PO BOX 471 WALDO, FL 32694</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/17/07-80004-005 70.00

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:**

*Bertha L Platt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/07 (352) 468-2336*  
Date Daytime Phone #

*Bertha L. Platt*