


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N05000005499		
1. Entity Name WALDO CONCERNED CITIZENS FOR THE COMMUNITY, INC.		
Principal Place of Business 13550 NE 148TH AVE WALDO, FL 32694	Mailing Address PO BOX 418 WALDO, FL 32694	



03122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3004699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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 _____
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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLATT, BERTHA L PO BOX 682 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HILL, CATHERINE PO BOX 102 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICH, MARY PO BOX 301 WALDO, FL 32964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O'NEAL, LARRY PO BOX 471 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/08-80090-020 61.25

DO NOT WRITE IN THIS SPACE

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

3/12/2008
Date

(352) 339-0499
Daytime Phone #

BERTHA L. PLATT