FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3:54

DOCUMENT # N11020 (7)

1. Corporation Name

CONCERNED ACTION, INC.

Principal Place of Business

3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33594-0444

Mailing Address

3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33594-0444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 09/04/1985
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2579981 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HEALD, DON P.
3813 RAVENNA DR.
P.O. BOX 444
VALRICO FL 33594-0444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	T/D ☒ Change ☒ Addition
NAME	CONNIE COLLINSWORTH	1.2 NAME	same
STREET ADDRESS	3104 LINCOLN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	33569
TITLE	TD	2.1 TITLE	V/D ☒ Change ☒ Addition
NAME	ROBERT COLLINSWORTH	2.2 NAME	same
STREET ADDRESS	3104 LINCOLN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	33569
TITLE	STD	3.1 TITLE	S/D ☒ Change ☒ Addition
NAME	DANIELS, CINDY	3.2 NAME	same
STREET ADDRESS	707 EAST KEYVILLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	33566
TITLE	VP	4.1 TITLE	S/D ☒ Change ☐ Addition
NAME	LOGAN, PATRICK	4.2 NAME	Kathy Barner
STREET ADDRESS	1880 PINEGROVE ROAD	4.3 STREET ADDRESS	2103 wheeler Oaks Dr.
CITY-ST-ZIP	MULBERRY FL	4.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	STD	5.1 TITLE	S/T ☒ Change ☐ Addition
NAME	ASH,APRIL	5.2 NAME	– same –
STREET ADDRESS	P.O. BOX 6712 N/A	5.3 STREET ADDRESS	8217 Blount Rd.
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	Dover, FL 33527
TITLE	D	6.1 TITLE	M/P ☒ Change ☒ Addition
NAME	HEAD,DON	6.2 NAME	Heald, Don
STREET ADDRESS	3813 RAVENNA DRIVE	6.3 STREET ADDRESS	same
CITY-ST-ZIP	VALRICO	6.4 CITY-ST-ZIP	FL 33594

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don P Heald 1-17-95 813-689-1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Don P Heald

0061070