

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N11020 (7)
1. Corporation Name
CONCERNED ACTION, INC.

Principal Place of Business

Mailing Address

3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33594-0444
33595-04443813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33594-0444
33595-04443. Date Incorporated or Qualified
09/04/19853a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33595-0444

25

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33595-0444

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEALD, DON P.
3813 RAVENNA DR.
P.O. BOX 444
VALRICO FL 33594-0444
33595-0444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
33595-0444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETETD
NAME CONNIE COLLINSWORTH
STREET ADDRESS 3104 LINCOLN RD.
CITY-ST-ZIP RIVERVIEW FL1.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETEVD
NAME ROBERT COLLINSWORTH
STREET ADDRESS 3104 LINCOLN RD.
CITY-ST-ZIP RIVERVIEW FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETESD
NAME DANIELS, CINDY
STREET ADDRESS 707 EAST KEYVILLE RD.
CITY-ST-ZIP PLANT CITY FL3.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETESD
NAME BARNER, KATHY
STREET ADDRESS 2103 WHEELER OAKS DR.
CITY-ST-ZIP BRANDON FL4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETEST
NAME MUFFLEY, ROSEMARIE
STREET ADDRESS 801 CANOE COURT
CITY-ST-ZIP BRANDON FL5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETEMP
NAME HEALD, DON
STREET ADDRESS 3813 RAVENNA DRIVE
CITY-ST-ZIP VALRICO FL6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046676

CR2E037 (9/96)