

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90026 004 ****61.25

DOCUMENT # N11020

1. Corporation Name

CONCERNED ACTION, INC.

Principal Place of Business

3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33595-0444
US

Mailing Address

3813 RAVENNA DRIVE
P.O. BOX 444
VALRICO FL 33595-0444
US

1 16621 90026 2 1



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/04/1985

4. FEI Number

59-2579981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

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

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 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

TITLE ☐ DELETE

NAME TD
STREET ADDRESS CONNIE COLLINSWORTH
CITY-ST-ZIP 3104 LINCOLN RD.
RIVERVIEW FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS ROBERT COLLINSWORTH
CITY-ST-ZIP 3104 LINCOLN RD.
RIVERVIEW FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS DANIELS, CINDY
CITY-ST-ZIP 707 EAST KEYVILLE RD.
PLANT CITY FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BARNER, KATHY
CITY-ST-ZIP 2103 WHEELER OAKS DR.
BRANDON FL

TITLE ☐ DELETE

NAME ST
STREET ADDRESS MUFFLEY, ROSEMARIE
CITY-ST-ZIP 801 CANOE COURT
BRANDON FL

TITLE ☐ DELETE

NAME MP
STREET ADDRESS HEALD, DON
CITY-ST-ZIP 3813 RAVENNA DRIVE
VALRICO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1025 Bridlewood Way
Brandon FL 33511

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Pam Ganung
1419 Village Terrace Dr.
Tampa FL 33624

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

318 Miramar Drive
Lakeland FL 33805

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Don Heald 1-5-99 936919552

CR2E037 (1/198)