SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26846

(8)

CONCEDNED CITIZENS LEAGUE OF AMEDICA INC

| CONCER | CONCERNED CITIZENS LEAGUE OF AMERICA, INC. | | | | | | | | | | |
|---|--|-----------------------|----------------|---------------------------------------|---------------|------------------------------------|-----------|------------|--|----------|--|
| Principal Place of Business | | | Mail | Meiling Address | | | | | -{ } } } | | |
| 701 HILLPOINT WAY BRANDON FL 33510 | | | | 701 HILLPOINT WAY BRANDON FL 33510 | | | | | 3. Date incorporated or Qualified 06/08/1988 4. FET Number Applied For | | |
| | | | | 1 | | | | | 59-2953355 Not Applicab | <u>e</u> | |
| 2. Principal Place of Business | | | | 2a. Malling Address | | | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 21 Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | Fee Required 6. Election Campaign Financing \$5.00 May Be | \dashv | |
| 22 | | | | 27 | | | | | Trust Fund Contribution Added to Fees | | |
| City & State | | | | City & State | | | | | 7. Is this nonprofit corporation a homeowners association? | ٦ | |
| 23 | | | 28 | ··· | | | | | Yes No | | |
| Zip | Country | | | Zip Cour | | | | | 8. This corporation owes or has paid the current year intangible | | |
| 24 | | 25 | 29 | and Ament | 30 | r | | | Personal Property Tax due June 30. Yes WNo 10. Name and Address of New Registered Agent | \dashv | |
| 9. Name and Address of Current Registered Agent | | | | | | 81 | Name | | TO, Name and Address of New Registered Agent | \dashv | |
| TEDDELL | IOUNI C | | | | | 82 | | | | | |
| TERRELL, JOHN E 701 HILLPOINT WAY | | | | | | | Street | Addres | ess (P.O. Box Number is Not Acceptable) | | |
| | FL 33510 | | | | | | | | | - | |
| DIANGON (£ 005 IV | | | | | | | City | | Oc. 710 Oc. do | 4 | |
| | | | | | | 84 | City | | FL 85 Zip Code | Ì | |
| 11. Pursuant t | to the provision | ns of sections 617.05 | 02 and 617.1 | 508, Florida Statutes | the abov | /8-N | amed cor | poration | ion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered | \neg | |
| agent, i ar | m familiar with | , and accept the obli | gations of, se | ection 617.0503, Flo | ida Statut | tes. | ie corpor | au0116 | e board of directors, i hereby accept the appointment as registered | | |
| SIGNATURE. | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | | E: Registered Agent signature requ | | | | 4 | |
| 12. | PD | OFFICERS | AND DIREC | | 13. 1.1 Ti | TIF | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | \dashv | |
| | TERRELL, J | INHN E | | DELETE | 1.2 NA | | ł | | Change Addition | n | |
| STREET ADDRESS | | | | | | | ADDRESS | | | ł | |
| CITY-ST-ZIP | BRANDON | | | | 1.4 CI | | 1 | | | ١ | |
| TITLE | VO | | | DELETE | 2.1 Ti | | | | Change Addition | , | |
| NAME | LANG, VIRG | NIA C | | [] Vass (c. | 2.2 NA | ME | ì | | C outlings C require | "] | |
| | | NTREE COURT | | | 2.3 ST | REET | ADDRESS | | | - | |
| CITY-ST-ZIP | BARTOW F | | | | 2.4 CI | TY-ST | r-ZIP (| | | - [| |
| TITLE | Ť | <u> </u> | | DELETE | 3.1 TI | TLE | | | Change Addition | آ آ | |
| NAME | HAGINS, L. | H. | | <u>—</u> | 3.2 NA | ME | 1 | | <u> </u> | | |
| STREET ADDRESS | | | | | 3.3 ST | REET | ADDRESS | | | ĺ | |
| CITY-ST-ZIP | BRADLEY F | <u>L</u> | | | 3.4 CI | TY-ST | -ZIP | | | | |
| TITLE | | | | DELETE | 4.1 30 | TLE | | | Change Addition | 'n | |
| NAME | | | | | 4.2 NA | ME | ĺ | | | ĺ | |
| STREET ADDRESS | | | | | 4.3 ST | REET | ADDRESS | | | 1 | |
| CITY-ST-ZIP | <u></u> | | | | 4.4 CI | | ZIP | , <u>.</u> | | _ | |
| TITLE | | | | DELETE | 5.1 TI | | 1 | | Change Addition | n | |
| NAME | | | | | 5.2 NA | | - | | | } | |
| STREET ADDRESS | | | | | 5.3 ST | REET | ADDRESS | | | 1 | |
| CITY-ST-ZIP | | | | | 5.4 CI | | -ZIP | | | | |
| TITLE | | | | DELETE | 6.1 TIT | | 1 | | Change Addition | n | |
| NAME | | | | | | 6.2 NAME | | | | - 1 | |
| STREET ADDRESS | Ì | | | | 6.3 ST | REET | ADDRESS [| | | ĺ | |

6.4 CITY-ST-ZIP

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.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIREC

8-3-98 (813)685-7917
Date Deptime Phone #

FILED

Aug 13 1998 8:00am 8

Secretary of State