

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37830 (9)

1. Corporation Name

HAMILTON COUNTY CONCERNED CITIZENS, INC.

Principal Place of Business

Mailing Address

325 5TH ST SE  
P O BOX 372  
JASPER FL 32052325 5TH ST SE  
P O BOX 372  
JASPER FL 32052-03723. Date Incorporated or Qualified  
04/25/19903a. Date of Last Report  
02/28/1996

4. FEI Number

59-3011330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROYALS, STANLEY L  
325 5TH ST SE  
P O BOX 372  
JASPER FL 32052

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 in printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

3/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP  
NAME  
ROYALS, STANLEY L  
STREET ADDRESS  
325 5TH ST SE  
CITY - ST - ZIP  
JASPER FL 32052☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change☐ Addition

TITLE

DV  
NAME  
MCDANIEL, TERRY  
STREET ADDRESS  
P.O. BOX 872 N/A  
CITY - ST - ZIP  
JASPER FL 32052☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change☐ Addition

TITLE

DT  
NAME  
MCGRATH, JEWELL G  
STREET ADDRESS  
RT 1 BOX 110  
CITY - ST - ZIP  
JASPER FL 32052☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change☐ Addition

TITLE

DS  
NAME  
CARTER, EARLENE  
STREET ADDRESS  
P.O. BOX 1392 N/A  
CITY - ST - ZIP  
JASPER FL 32052☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change☐ Addition

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change☐ Addition

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change☐ Addition

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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/97

Date

792-2201

Daytime Phone # 00000000

CR2E037 (9/96)