

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N37830 (9)*

**1. Corporation Name**  
*Hamilton County Concerned Citizens, Inc.*

<b>Principal Place of Business</b> <i>R.R. 22 - Box 2333</i> <i>LAKE City, FL 32024</i>	<b>Mailing Address</b> <i>R.R. 22 - Box 2333</i> <i>LAKE City, FL 32024</i>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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**3. Date Incorporated or Qualified**  
*04/25/1990* **3-29-97**

**4. FEI Number**  
*59-3011330*

**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. Is this nonprofit corporation a homeowners association?**  
☐ Yes ☒ No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.** ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**  
*Royals, Stanley L.* *N/A*  
*R.R. 22 - Box 2333*  
*LAKE City, FL 32024*

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. MAILING ADDRESS CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE <i>DP</i> <b>12</b> NAME <i>Royals, Stanley L.</i> <b>13</b> STREET ADDRESS <i>R.R. 22 - Box 2333</i> <b>14</b> CITY-ST-ZIP <i>LAKE City, FL 32024</i>	<input type="checkbox"/> DELETE
<b>21</b> TITLE <i>DP</i> <b>22</b> NAME <i>CHARLES L. Goolsby</i> <b>23</b> STREET ADDRESS <i>P.O. Box 970</i> <b>24</b> CITY-ST-ZIP <i>JASPER, FL 32052</i>	<input type="checkbox"/> DELETE
<b>31</b> TITLE <i>DT</i> <b>32</b> NAME <i>Jewell G. McGRATH</i> <b>33</b> STREET ADDRESS <i>Rte 1, Box 110</i> <b>34</b> CITY-ST-ZIP <i>JASPER, FL 32052</i>	<input type="checkbox"/> DELETE
<b>41</b> TITLE <i>DS</i> <b>42</b> NAME <i>Earline CARTER</i> <b>43</b> STREET ADDRESS <i>P.O. Box 1392</i> <b>44</b> CITY-ST-ZIP <i>JASPER, FL 32052</i>	<input type="checkbox"/> DELETE
<b>51</b> TITLE <input type="checkbox"/> DELETE <b>52</b> NAME <input type="checkbox"/> DELETE <b>53</b> STREET ADDRESS <input type="checkbox"/> DELETE <b>54</b> CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE

**13. MAILING ADDRESS CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE <i>DP</i> <b>12</b> NAME <i>Royals, Stanley L.</i> <b>13</b> STREET ADDRESS <i>R.R. 22 - Box 2333</i> <b>14</b> CITY-ST-ZIP <i>LAKE City, FL 32024</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>21</b> TITLE <i>DP</i> <b>22</b> NAME <i>Goolsby, Charles L.</i> <b>23</b> STREET ADDRESS <i>306 Central Ave. S.W.</i> <b>24</b> CITY-ST-ZIP <i>JASPER, FL 32052</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>31</b> TITLE <i>DT</i> <b>32</b> NAME <i>McGRATH, Jewell G.</i> <b>33</b> STREET ADDRESS <i>7982 S.W. 79th Drive</i> <b>34</b> CITY-ST-ZIP <i>JASPER, FL 32052</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>41</b> TITLE <i>DS</i> <b>42</b> NAME <i>CARTER, Earline</i> <b>43</b> STREET ADDRESS <i>5482 N.W. County Rd. 143</i> <b>44</b> CITY-ST-ZIP <i>JASPER, FL 32052</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>51</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>52</b> NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>53</b> STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>54</b> CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.**

**SIGNATURE:** *Stanley L. Royals* *25 days - 98* *904-758-7842*

CR2E037 (10/97)