

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 39420  
1. Corporation Name

CONCERNED CITIZENS COALITION, Inc.

Principal Place of Business

Mailing Address

Grove City, FL 34224

PO Box 5337

FILED

97 JUN -2 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3000002198463-5

3. Date incorporated or first organized  
July, 1997

4. FEI Number  
65-0212440

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Grove City, FL 34224  
Suite, Apt. #, etc.

22 City & State  
23 Grove City, Florida  
Zip 34224 Country USA

24 34224 25 USA

2a. Mailing Address  
26 PO Box 5337  
Suite, Apt. #, etc.

27 City & State  
28 Grove City, Florida  
Zip 34224 Country USA

29 34224 30 USA

9. Name and Address of Current Registered Agent

Dr. Hugo D. Spatz  
22525 Nyack Avenue  
Port Charlotte, FL 33952-7116

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 Director ☐ DELETE  
NAME Nancy Parker  
STREET ADDRESS 852 Quail Drive  
CITY-ST-ZIP Punta Gorda FL 33982  
TITLE Director ☐ DELETE  
NAME Mary Peterson  
STREET ADDRESS 1534 Forand Circle  
CITY-ST-ZIP Port Charlotte FL 33952  
TITLE Director ☐ DELETE  
NAME Robert Peterson  
STREET ADDRESS 1534 Forand Circle  
CITY-ST-ZIP Port Charlotte FL 33952  
TITLE Director ☐ DELETE  
NAME Frank Krupicka  
STREET ADDRESS 157 Deerfield Avenue NE  
CITY-ST-ZIP Port Charlotte FL 33952  
TITLE Communicator ☐ DELETE  
NAME Robert J. Starr  
STREET ADDRESS PO Box 5337  
CITY-ST-ZIP Grove City FL 34224  
TITLE Director ☐ DELETE  
NAME Ruth J. Cushman  
STREET ADDRESS 234 Tair Terrace SE  
CITY-ST-ZIP Port Charlotte FL 33952

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  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 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

Dr. Hugo D. Spatz

30 May 1997 ((41) 627-0909

Date

Daytime Phone: #

CR2E037 (9/96)