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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # N43048
1. Corporation Name

(0)

CONCERNED UNITED PEOPLE, INC.



Principal Place of Business

Mailing Address

ROUTE 1, BOX 43
MONTICELLO FL 32344

ROUTE 1, BOX 43
MONTICELLO FL 32344

3. Date Incorporated or Qualified

04/19/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & 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

MILLER, C. P., JR.
ROUTE 1, BOX 43
MONTICELLO FL 32344

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MILLER, C. P. JR.

STREET ADDRESS RT. 1 BOX 43

CITY- ST- ZIP MONTICELLO FL

TITLE VD ☐ DELETE

NAME CUYLER, WILLIE C

STREET ADDRESS 1230 E. ROCKY BRANCH

CITY- ST- ZIP MONTICELLO FL

TITLE 2VD ☐ DELETE

NAME NEELY, RUDOLPH

STREET ADDRESS RT 2 BOX 154

CITY- ST- ZIP MONTICELLO FL

TITLE TD ☐ DELETE

NAME SEABROOKS, ARCHIE M

STREET ADDRESS RT 2 BOX 21B

CITY- ST- ZIP MONTICELLO FL

TITLE SD ☐ DELETE

NAME ROGERS, MICHAEL

STREET ADDRESS 835 SHADY LANE

CITY- ST- ZIP MONTICELLO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

CR2E037 (12/95)