

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90024 032 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N43048**

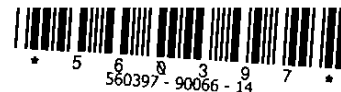
1. Corporation Name

**CONCERNED UNITED PEOPLE, INC.**

Principal Place of Business

**ROUTE 1, BOX 43**  
**MONTICELLO FL 32344**

Mailing Address

**ROUTE 1, BOX 43**  
**MONTICELLO FL 32344**


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		04/19/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3171709	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MILLER, C. P., JR.</b> <b>ROUTE 1, BOX 43</b> <b>MONTICELLO FL 32344</b>				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	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, C. P. JR.	1.2 NAME	C.P. MILLER JR
STREET ADDRESS	RT. 1 BOX 43	1.3 STREET ADDRESS	RT 1, BOX 43
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUYLER, WILLIE C	2.2 NAME	199 - VICE PRESIDENT
STREET ADDRESS	1230 E. ROCKY BRANCH	2.3 STREET ADDRESS	CLIFFORD BROWN
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	P.O. Box 694
TITLE	2VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEELY, RUDOLPH	3.2 NAME	Secretary
STREET ADDRESS	RT 2 BOX 154	3.3 STREET ADDRESS	Michael Rogers
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	835 Shady Lane
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABROOKS, ARCHIE M	4.2 NAME	Treasurer
STREET ADDRESS	RT 2 BOX 21B	4.3 STREET ADDRESS	Anchie M Seabrooks
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	RT 2 Box 21B
TITLE	SAA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCURRY, JEFF	5.2 NAME	Sargent at Arms
STREET ADDRESS	835 SHADY LANE	5.3 STREET ADDRESS	Jeff Scurry
CITY-ST-ZIP	MONTICELLO FL	5.4 CITY-ST-ZIP	835 SHADY LANE
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE:

*Michael Rogers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99

850) 893-7700

CR2E037 (11/98)