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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43732

1. Corporation Name
CONCERNED CITIZENS OF MIDWAY, INC.

Principal Place of Business
MIDWAY CITY HALL
MIDWAY FL 32343

Mailing Address
MIDWAY CITY HALL
MIDWAY FL 32343



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3069916	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAWSON, LIZZIE COUNTY ROAD #268 MIDWAY FL 32343				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Lizzie Lawson (NOTE: Registered Agent signature required when reinstating) DATE 4-20-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETED	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHERMAN		1.2 NAME				
STREET ADDRESS	P.O. BOX 25 N/A		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIDWAY FL		1.4 CITY-ST-ZIP				
TITLE	DS	DELETED	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, LIZZIE		2.2 NAME				
STREET ADDRESS	P.O. BOX 32 N/A		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIDWAY FL		2.4 CITY-ST-ZIP				
TITLE	D	DELETED	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MORRIS		3.2 NAME				
STREET ADDRESS	P.O. BOX 436 N/A		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIDWAY FL		3.4 CITY-ST-ZIP				
TITLE	ST	DELETED	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNOR, PATRICIA		4.2 NAME				
STREET ADDRESS	P.O. BOX 494 N/A		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIDWAY FL 32343		4.4 CITY-ST-ZIP				
TITLE		DELETED	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETED	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: SIGNATURE REQUIRED Lizzie Lawson 4-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2F037 (4/1/98)