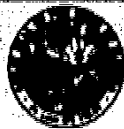


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44166

(9)

1. Corporation Name

CONCERNED COMMUNITY FATHERS, INC.

Principal Place of Business

Mailing Address

RT. 8 BOX 1084
DEFUNIAK SPRINGS FL 32433

RT. 8 BOX 1084
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/03/1991

3a. Date of Last Report
04/29/1994

4. FEI Number
59-3152475

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 89 maple st

26 89 maple st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

Defuniak spgs fl

Defuniak spgs fl

24 Zip

Country

29 Zip

Country

32433

wahton

32433

wahton

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, DANNY
RT. 8 BOX 1084
DEFUNIAK SPRINGS FL 32433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 89 maple st

84 City Defuniak spgs

FL

85 Zip Code

32433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAHAM, DANNY
STREET ADDRESS RT. 8 BOX 1084
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE DV
NAME CRYSTAL, MELVIN
STREET ADDRESS RT. 4 BOX 312-1B
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE T
NAME GRAHAM, WAYNE
STREET ADDRESS RT. 4 BOX 317D-2
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE S
NAME JACKSON, RAYMOND
STREET ADDRESS RT. 1 BOX N291
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE D
NAME WILLIAMSON, EDDIE
STREET ADDRESS RT. 1 BOX 184
CITY-ST-ZIP PONCE DE LEON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
89 maple st
Defuniak spgs fl

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DV
MARCUS JOHNSON
103 PARK AVE
Defuniak spgs fl

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)(b), 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 in an attachment with an address.

SIGNATURE:

Danny Graham

Danny Graham

4/29/95

882-8522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #