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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DEFUNIAK SPGS FL	28 City & State: DEFUNIAK SPGS FL
24 Zip: 32433 25 Country: WALTON	29 Zip: 32433 30 Country: WALTON

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, DANNY	1.2 NAME	
STREET ADDRESS	RT. 8 BOX 1084	1.3 STREET ADDRESS	89 MAPLE ST.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-ST-ZIP	DEFUNIAK SPGS FL
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	CRYSTAL, MELVIN	2.2 NAME	MARCUS JOHNSON
STREET ADDRESS	RT. 4 BOX 312-1-B	2.3 STREET ADDRESS	103 PARK AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	DEFUNIAK SPGS FL
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, WAYNE	3.2 NAME	
STREET ADDRESS	RT. 4 BOX 317D-2	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, RAYMOND	4.2 NAME	
STREET ADDRESS	RT. 1 BOX N291	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMSON, EDDIE	5.2 NAME	
STREET ADDRESS	RT. 1 BOX 184	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Danny Graham Danny Graham 4/29/95 882-8522
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 1995