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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N44166** **(9)**

1. Corporation Name

CONCERNED COMMUNITY FATHERS, INC.

Principal Place of Business	Mailing Address
89 MAPLE ST. DEFUNIAK SPRINGS FL 32433 US	89 MAPLE ST. DEFUNIAK SPRINGS FL 34233 US

3. Date Incorporated or Qualified: 07/03/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 Tivoli Community Center
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P.O Box 879
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 89 Maple St
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, DANNY		1.2 NAME		
STREET ADDRESS	89 MAPLE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MARCUS		2.2 NAME		
STREET ADDRESS	103 PARK AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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	☐ DELETE	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	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	WILLIAMSON, EDDIE		5.2 NAME	Lee, James	
STREET ADDRESS	RT. 1 BOX 184		5.3 STREET ADDRESS	439 Scott ct.	
CITY-ST-ZIP	PONCE DE LEON FL		5.4 CITY-ST-ZIP	Defuniak Spgs FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE(S) _____