2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N44166

Entity Name: CONCERNED COMMUNITY FATHERS, INC.

Current Principal Place of Business:

TIVOLI COMMUNITY CENTER
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 879
DEFUNIAK SPRINGS, FL 34233 US

New Mailing Address:

FEI Number: 59-3152475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, DANNY
89 MAPLE ST.
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAHAM, DANNY,
Address: 89 MAPLE ST.
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: DV (X) Delete
Name: HOLMES, ALONZO
Address: 42 FLORENCE STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete
Name: JACKSON, RAYMOND,
Address: RT. 1 BOX N291
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: JACKSON, RAYMOND,
Address: RT. 1 BOX N291
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY GRAHAM PD 04/09/2008

Electronic Signature of Signing Officer or Director — Date