## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# N44166**

FILED Mar 15, 2009 Secretary of State

Current Mailing Address:  P.O. BOX 879 DEFUNIAK SPRINGS, FL 34233 US  FEI Number: 59-3152475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status I  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  DEFUNIAK SPRINGS, FL 32433 US  The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS ANI  Title: ( ) Delete  Name: GRAHAM, DANNY, Name: Address: 29 MAPLE ST. City-St-Zip: DEFUNIAK SPRINGS, FL  City-St-Zip: DEFUNIAK SPRINGS, FL  City-St-Zip: DEFUNIAK SPRINGS, FL 32433	DOCOIVI					Secretary	UI State	
Current Mailing Address:  P.O. BOX 879 DEFUNIAK SPRINGS, FL 34233 US  FEI Number: 59-3152475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status I  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  DEFUNIAK SPRINGS, FL 32433 US  The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS ANI  Title: ( ) Delete  Title: ( ) Change ( ) Addition Name: Address: ( ) City-St-Zip:  DEFUNIAK SPRINGS, FL 32433 City-St-Zip:  Title: ( ) Change ( ) Addition Name: SHEFFIELD, DAVID	Entity Nan	ne: CONCERNED CC	MMUNITY FATHERS	, INC.				
Current Mailing Address:  P.O. BOX 879 DEFUNIAK SPRINGS, FL 34233 US  FEI Number: 59-3152475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status II  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name and Address of New Registered Agent  DEFUNIAK SPRINGS, FL 32433 US  The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS ANI  Title: PD ( ) Delete Name: GRAHAM, DANNY, Name: Address: City-St-Zip: DEFUNIAK SPRINGS, FL  Title: VD ( ) Delete Name: JACKSON, RAYMOND, Name: Address: RT. 1 BOX N291  Address: RT. 1 BOX N291  Address: RT. 1 BOX N291  City-St-Zip: DEFUNIAK SPRINGS, FL 32433	Current Pr	rincipal Place of Busi	ness:	New Princ	ipal Place o	f Business:		
P.O. BOX 879 DEFUNIAK SPRINGS, FL 34233 US  FEI Number: 59-3152475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status II  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent  Name and Address of New Registered Agent  Name and Address of New Registered Agent  P.O. BOX 879  DEFUNIAK SPRINGS FL 32433 US  The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS ANI  Title: PD ( ) Delete Name: GRAHAM, DANNY, Name: GRAHAM, DANNY, Address: City-St-Zip:  DEFUNIAK SPRINGS, FL  Title: VD ( ) Delete Name: JACKSON, RAYMOND, Name:  JACKSON, RAYMOND, Name: JACKSON, RAYMOND, Address: City-St-Zip:  Title: ( ) Delete  Title: M ( ) Change ( ) Addition Name: SHEFFIELD, DAVID  Title: M ( ) Change (X) Addition Name: SHEFFIELD, DAVID			US					
DEFUNIAK SPRINGS, FL 34233 US  FEI Number: 59-3152475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status II  Name and Address of Current Registered Agent: Name and Address of New Registered Age  GRAHAM, DANNY 89 MAPLE ST. DEFUNIAK SPRINGS, FL 32433 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent not be state of Florida.  SIGNATURE:  Electronic Signature of Registered Agent Date  OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND  Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: City-St-Zip: Title: ( ) Change ( ) Addition Name: JACKSON, RAYMOND, Name: Address: RT. 1 BOX N291 City-St-Zip: DEFUNIAK SPRINGS, FL 32433 City-St-Zip:  Title: ( ) Delete Title: M ( ) Change (X) Addition Name: SHEFFIELD, DAVID	Current Ma	ailing Address:		New Mailir	ng Address:			
Name and Address of Current Registered Agent:  Registered Agent:  Registered Agent:  Registered Agent:  Registered Agent:  Registered Agent:  Registered office or registered agent			US					
GRAHAM, DANNY  89 MAPLE ST. DEFUNIAK SPRINGS, FL 32433 US  The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date  OFFICERS AND DIRECTORS:   ADDITIONS/CHANGES TO OFFICERS ANI  Title:   PD	FEI Number:	59-3152475 FEI Nur	nber Applied For()	FEI Number Not Appli	cable ( )	Certificate of Status D	esired ( )	
89 MAPLÉ ST. DEFUNIAK SPRINGS, FL 32433 US  The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	Name and	Address of Current R	Registered Agent:	Name and	Address of	New Registered Age	ent:	
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND  Title: PD () Delete Name: GRAHAM, DANNY, Address: 89 MAPLE ST. City-St-Zip: DEFUNIAK SPRINGS, FL  Title: VD () Delete Name: JACKSON, RAYMOND, Name: JACKSON, RAYMOND, Address: RT. 1 BOX N291 City-St-Zip: DEFUNIAK SPRINGS, FL 32433  Title: () Delete Title: M () Change (X) Addition Name: SHEFFIELD, DAVID	DEFUNIAK The above in the State	SPRINGS, FL 32433 named entity submits to of Florida.		ourpose of changing it	s registered	office or registered ag	gent, or both,	
Title:	SIGNATUR		cure of Registered Age	ent ent		Date		
Name: GRAHAM, DANNY, Address: 89 MAPLE ST. City-St-Zip: DEFUNIAK SPRINGS, FL  Title: VD () Delete Title: () Change () Addition Name: JACKSON, RAYMOND, Address: RT. 1 BOX N291 City-St-Zip: DEFUNIAK SPRINGS, FL 32433  Title: () Delete Title: M () Change (X) Addition Name: SHEFFIELD, DAVID	OFFICERS	AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
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Name: SHEFFIELD, DAVID	Name: Address:	JACKSON, RAYMOND, RT. 1 BOX N291	32433	Name: Address:	(	) Change ( ) Addition		
City-St-Zip: City-St-Zip: DE FUNIAK SPRINGS, FL 32433 US	Name: Address:	( ) Delete		Name: Address:	SHEFFIELD, I 2968 CO HW	DAVID Y 183		

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 03/15/2009