


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # N47672</b> 1. Entity Name <b>CONCERNED CITIZENS FOR CHATMIRE, INC.</b>					
Principal Place of Business P O BOX 1637 DUNNELLO, FL 34430-1969 US			Mailing Address P.O. BOX 2371 DUNNELLO, FL 34430		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3114316</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REDD, CATHY D 20689 WEST MCKINNEY AVE DUNNELLO, FL 34430			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, KERRY		NAME		
STREET ADDRESS	19915 SW 107TH PL		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 34430		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWRENCE, BARBARA		NAME		
STREET ADDRESS	19790 SW 107TH LANE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 34430		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CYNTHIA ANITA		NAME		
STREET ADDRESS	19921 SW 107TH PL		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 34430		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, LATANIA		NAME		
STREET ADDRESS	11150 ROLLING HILLS #89		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 34431		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDD, CATHY		NAME		
STREET ADDRESS	20689 W. MCKINNEY AVE.		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 34430		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ROSETTA V		NAME		
STREET ADDRESS	11225 S.W. 200 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLO, FL 34432		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Cathy D Redd</i> <b>Cathy D Redd</b>			<b>3/21/06 (352) 489-2677</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		