


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90085 018 \*\*\*\*61.25

<b>DOCUMENT # N47672</b> 1. Entity Name <b>CONCERNED CITIZENS FOR CHATMIRE, INC.</b>					
Principal Place of Business P O BOX 1637 DUNNELLON, FL 34430-1969 US			Mailing Address P.O. BOX 2371 DUNNELLON, FL 34430		
2. Principal Place of Business - No P.O. Box # <b>19789 SW 107th PL</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Dunnellon, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-3114316</b>	
Zip <b>34432</b>		Country <b>Marion</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>REDD, CATHY D</b> <b>20689 WEST MCKINNEY AVE</b> <b>DUNNELLON, FL 34430</b>			7. Name and Address of New Registered Agent Name <b>Barbara Lawrence</b> Street Address (P.O. Box Number is Not Acceptable) <b>19790 SW 107th Lane</b> City <b>Dunnellon</b> <b>FL</b> Zip Code <b>34432</b>		
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 <u>Barbara Lawrence, Barbara Lawrence, President 4/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME JONES, KERRY STREET ADDRESS 19915 SW 107TH PL CITY-ST-ZIP DUNNELLON, FL 34430	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME Lawrence, Barbara STREET ADDRESS 19790 SW 107th LN CITY-ST-ZIP Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME LAWRENCE, BARBARA STREET ADDRESS 19790 SW 107TH LANE CITY-ST-ZIP DUNNELLON, FL 34430	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Williams, Cynthia Anita STREET ADDRESS 19920 SW 106th LN CITY-ST-ZIP Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME WILLIAMS, CYNTHIA ANITA STREET ADDRESS 19921 SW 107TH PL CITY-ST-ZIP DUNNELLON, FL 34430	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Roberts, CASSANDRA Byrd STREET ADDRESS 19980 SW 108th LN CITY-ST-ZIP Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME JOHNSON, LATANIA STREET ADDRESS 11150 ROLLING HILLS #89 CITY-ST-ZIP DUNNELLON, FL 34431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME REDD, CATHY STREET ADDRESS 20689 W. MCKINNEY AVE. CITY-ST-ZIP DUNNELLON, FL 34430	<input checked="" type="checkbox"/> Delete		TITLE A/T NAME Cox, Antionette STREET ADDRESS 19963 SW 109th PL CITY-ST-ZIP Dunnellon, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME SMITH, ROSETTA V STREET ADDRESS 11225 S.W. 200 AVENUE CITY-ST-ZIP DUNNELLON, FL 34432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Barbara Lawrence</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/20/07</u> Daytime Phone # <u>(352) 489-2677</u> <u>489-8825</u>		