


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001196 (5)**  
 1. Corporation Name  
**CONCERNED CITIZENS OF GIBSONTON AREA, INC.**



Principal Place of Business <b>11801 US HWY 41 S GIBSONTON FL 33534 US</b>	Mailing Address <b>P.O. BOX 1304 GIBSONTON FL 33534-1304</b>
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3. Date Incorporated or Qualified <b>03/10/1993</b>	
4. FEI Number <b>59-3173602</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JOHNSON, JEANIE  
 11801 HWY 41 S  
 GIBSONTON FL 33534**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, A.E.</b>		1.2 NAME	
STREET ADDRESS <b>11002 EKKER ROAD</b>	←	1.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP <b>GIBSONTON FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEWBY, MARGRET ANN</b>		2.2 NAME	
STREET ADDRESS <b>6231 FLORENCE ST PO BOX 67</b>	←	2.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP <b>GIBSONTON FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>2nd Vice-President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, JEANIE</b>		3.2 NAME	
STREET ADDRESS <b>11002 EKKER RD.</b>	←	3.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP <b>GIBSONTON FL 33534</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARMS, ALDYCE L.</b>		4.2 NAME	
STREET ADDRESS <b>8420 SYMMES ROAD</b>		4.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP <b>GIBSONTON FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Addition
NAME <b>JOHNSON, JEANIE</b>		5.2 NAME	
STREET ADDRESS <b>11002 EKKER ROAD</b>		5.3 STREET ADDRESS	<b>Treasurer</b>
CITY-ST-ZIP <b>GIBSONTON FL</b>		5.4 CITY-ST-ZIP	<b>Betty Midkiff</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>Alafia Trailer Dr.</b>
NAME		6.2 NAME	<b>11888 US Hwy 41 South</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Lot 428</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Gibsonton, Fl. 33534</b>

14. I 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: *Jeanie Johnson* Jeanie Johnson 1/15/98 813 671-3693

CRE037 (10/97)

# CONCERNED CITIZENS OF GIBSONTON AREA INC.

Pete Johnson: President 813-671-3693  
Vicky Newby: Vice President  
Jeanie Johnson: 2nd Vice President Phone 671-3693 Fax 677-0488  
Betty Midkiff: Treasure  
Aldyce L. Garms: Secretary: Phone. 677-8420 FAX 613-671-3903

P.O. Box 1304

Meeting the 2nd Thursday of every month. 7:30pm Gardenville Rec Center. Gibsonton Florida 33534-1304

Serving Adamsville, Gardenville, Gibsonton and all the citizens and businesses.

Jan. 15, 1998

Florida Department of State  
Nonprofit Corporation Annual Report  
CORRECTIONS TO NAMES OF OFFICERS AND POSITIONS THEY HOLD.

Re: Document # N93000001196 (5) Concerned Citizens of Gibsonton Area, Inc.  
Re: FEI Number 59-3173602

TO WHOM IT MAY CONCERN.

Please note, the officers and directors in item #12 should be corrected as follows.

PRESIDENT:	Johnson, A.E. 11002 Ekker Road Gibsonton FL 33534	SAME, AS LISTED
Vice-President	Newby, Margret Ann 6231 Florence St. PO Box 67 Gibsonton, FL. 33534	SAME, AS LISTED
2 <sup>nd</sup> Vice-President	Johnson, Jeanie 11002 Ekker Road Gibsonton FL. 33534	
Secretary	Garms, Aldyce L. 8420 Symmes Road Gibsonton, FL. 33534	SAME, AS LISTED
Treasurer	Betty Midkiff P.O. Box 792 Gibsonton FL. 33534	
Aldyce L. Garms Secretary		

Betty Midkiff  
Alafia Trailer Park  
11888 US Hwy 41 South  
Lot 28  
Gibsonton FL.  
33534