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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001196

1. Corporation Name

CONCERNED CITIZENS OF GIBSONTON AREA, INC.

Principal Place of Business

11801 US HWY 41 S
GIBSONTON FL 33534
US

Mailing Address

P.O. BOX 1304
GIBSONTON FL 33534-1304



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/10/1993

4. FEI Number
59-3173602

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, A.E.
STREET ADDRESS 11002 EKKER ROAD
CITY-ST-ZIP GIBSONTON FL

TITLE V
NAME NEWBY, MARGRET ANN
STREET ADDRESS 6231 FLORENCE ST PO BOX 67
CITY-ST-ZIP GIBSONTON FL

TITLE VP
NAME JOHNSON, JEANIE
STREET ADDRESS 11002 EKKER RD.
CITY-ST-ZIP GIBSONTON FL 33534

TITLE SD
NAME GARMS, ALDYCE L.
STREET ADDRESS 8420 SYMMES ROAD
CITY-ST-ZIP GIBSONTON FL

TITLE TD
NAME MIDKIEF, BETTY
STREET ADDRESS ALAFIA TRAILER PK, 11888 US HWY 41 SOUTH
CITY-ST-ZIP GIBSONTON FL 33534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Block 12 is correct

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1-1999 813-677-8420

Date

Daytime Phone #

CR2E037 (1/198)