

AMENDED

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03 DEC 23 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N93000001196**

1. Entity Name  
**CONCERNED CITIZENS OF GIBSONTON AREA, INC.**



Principal Place of Business  
6215 SYMMES ROAD  
GIBSONTON, FL 33534 US

Mailing Address  
P.O. BOX 1304  
GIBSONTON, FL 33534-1304

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 1304  
Suite, Apt. #, etc.

City & State  
Gibsonton FL

City & State  
Gibsonton FL

Country  
USA

Country  
USA

6. Name and Address of Current Registered Agent  
GARMS, ALDYCE L  
8420 SYMMES ROAD  
GIBSONTON, FL 33534

7. Name and Address of New Registered Agent  
Name: **JAMES JOHNSON**  
Street Address (P.O. Box Number is Not Acceptable):  
**8813 US 41 South**  
City: **RiverView** FL Zip Code: **33560**

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: *James B. Johnson*, CCGA INC. President Dec. 1-03  
DATE: Dec. 1-03

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARMS, ALDYCE L	
STREET ADDRESS	8420 SYMMES ROAD	
CITY-ST-ZIP	GIBSONTON, FL 335345424	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	NEWBY, MARGARET A	
STREET ADDRESS	6231 FLORENCE ST PO BOX 67	
CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIDKIEF, BETTY	
STREET ADDRESS	ALAFIA TRAILER PK, 11888 US HWY 41 SOUTH	
CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	ILLGEN, EDITH	
STREET ADDRESS	8845 RICHMAN PO BOX 2285	
CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARMS, GORDON M	
STREET ADDRESS	8420 SYMMES RD.	
CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES JOHNSON</b>	
STREET ADDRESS	<b>8813 US 41 So</b>	
CITY-ST-ZIP	<b>RiverView 7 33560</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Yolanda Diaz</b>	
STREET ADDRESS	<b>11832 North St</b>	
CITY-ST-ZIP	<b>Gibsonton 7 33534</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Betty J Midkief* 12-18-03  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #



CR2E037 (10/02)