


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N9300000196 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
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country	4. FEI Number 59-3173602	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent JOHNSON, JAMES 8813 US 41 SOUTH RIVERVIEW FL 33560	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
State: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	D JOHNSON, JAMES <input type="checkbox"/> Delete 8813 US 41 SO RIVERVIEW FL 33560	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;"> U00000034818 02/05/04-80099-021 61.25 </div>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	1VD <input type="checkbox"/> Delete NEWBY, MARGARET A	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6231 FLORENCE ST PO BOX 67	STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL 33534	CITY-ST-ZIP	
TITLE NAME	TD <input type="checkbox"/> Delete MIDKIEF, BETTY	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ALAFIA TRAILER PK, 11888 US HWY 41 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL 33534	CITY-ST-ZIP	
TITLE NAME	2VD <input type="checkbox"/> Delete ILLGEN, EDITH	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8845 RICHMAN PO BOX 2285	STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL 33534	CITY-ST-ZIP	
TITLE NAME	SD <input type="checkbox"/> Delete DIAZ, YOLANDA	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11832 NORTH ST	STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL 33534	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* 2-02-04 813-677-0854