


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001196 1. Entity Name CONCERNED CITIZENS OF GIBSONTON AREA, INC.	
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Principal Place of Business 6215 SYMMES ROAD GIBSONTON FL 33534 US	Mailing Address P.O. BOX 1304 GIBSONTON FL 33534
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-3173602	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 JOHNSON, JAMES <input type="checkbox"/> Delete
NAME	8813 US 41 SO
STREET ADDRESS	RIVERVIEW FL 33560
CITY- ST- ZIP	
TITLE	1VD NEWBY, MARGARET A <input type="checkbox"/> Delete
NAME	6231 FLORENCE ST PO BOX 67
STREET ADDRESS	GIBSONTON FL 33534
CITY- ST- ZIP	
TITLE	TD MIDKIEF, BETTY <input type="checkbox"/> Delete
NAME	ALAFIA TRAILER PK, 11888 US HWY 41 SOUTH
STREET ADDRESS	GIBSONTON FL 33534
CITY- ST- ZIP	
TITLE	2VD ILLGEN, EDITH <input type="checkbox"/> Delete
NAME	8845 RICHMAN PO BOX 2285
STREET ADDRESS	GIBSONTON FL 33534
CITY- ST- ZIP	
TITLE	SD DIAZ, YOLANDA <input type="checkbox"/> Delete
NAME	11832 NORTH ST
STREET ADDRESS	GIBSONTON FL 33534
CITY- ST- ZIP	
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	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000263088
STREET ADDRESS	03/14/05-80077-011 61.25
CITY- ST- ZIP	
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	
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. Midkiff* **Betty J. Midkiff** 3-10-05 477-0854 ⁸¹³

SIGNATURE/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #