

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001196

FILED
Jan 09, 2009
Secretary of State

Entity Name: CONCERNED CITIZENS OF GIBSONTON AREA, INC.

Current Principal Place of Business:

6215 SYMMES ROAD
GIBSONTON, FL 33534 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1304
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 59-3173602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, LEE
10005 ALAVISTA DR
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENS, LEE
Address: 10005 ALAVISTA DR
City-St-Zip: GIBSONTON, FL 33534

Title: VP () Delete
Name: BERWIN, BERNARD
Address: 11126 INGLEWOOD DR
City-St-Zip: GIBSONTON, FL 33534

Title: T () Delete
Name: PEARSON, CATHY
Address: 10404 RATELL AVE.
City-St-Zip: GIBSONTON, FL 33534

Title: S () Delete
Name: PHILLIPS, CAROL
Address: 10115 PINE ST PO BOX 304
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PARSONS, CATHY
Address: 10404 RATELL AVE.
City-St-Zip: GIBSONTON, FL 33534

Title: S (X) Change () Addition
Name: PHILIPS, CAROL
Address: 10115 PINE ST PO BOX 304
City-St-Zip: GIBSONTON, FL 33534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE STEVENS

Electronic Signature of Signing Officer or Director

PRES

01/09/2009

Date