

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90069 023 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3173602**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



Item # 10 - SD
 CHECK HERE IF MAKING CHANGES

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

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 *Aldyce L. Garms* - *CCGA Inc. President - March 10-03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GARMS, ALDYCE L	
STREET ADDRESS	8420 SYMMES ROAD	
CITY-ST-ZIP	GIBSONTON FL 33534-5424	
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	SD	<input checked="" type="checkbox"/> Delete
NAME	TITKA, RENEE	
STREET ADDRESS	8805 FOURESS LANE	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon M. GARMS	
STREET ADDRESS	8420 SYMMES ROAD	
CITY-ST-ZIP	Gibsonton, FL. 33534	
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: *Aldyce L. Garms* **ALDYCE L. GARMS** **MARCH 3-03 815-677-8420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)