FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003899 (2)**

1. Corporation Name

CONCERNED AFRICAN AMERICAN CITIZENS, INC.

Principal Place of Business	Mailing Address
PO BOX 4624 TAMPA FL 33677 US	PO BOX 4624 TAMPA FL 33677 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/25/1993**

3a. Date of Last Report: **04/21/1994**

4. FEI Number: **59-3198714** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCQUAY, MELVIN C
7703 W HANNA AVE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Required - Typed or printed name of Registered Agent and title if signing other than Registered Agent) (Required - Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PATTY, MICHELLE	12 NAME	
STREET ADDRESS	P.O. BOX 4624 N/A	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33677	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BURTON, CONNIE	22 NAME	
STREET ADDRESS	219 E KENTUCKY AVE	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33603	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MCQUAY, MELVIN C	32 NAME	
STREET ADDRESS	7703 W HANNA AVE	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33615	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BAITY, VERNON	42 NAME	
STREET ADDRESS	6806 N 46 ST	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33610	44 CITY ST ZIP	
TITLE	CDSH	51 TITLE	☐ Change ☐ Addition
NAME	ELBY, PATRICK	52 NAME	
STREET ADDRESS	4101 CARNEGY APT A	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33610	54 CITY ST ZIP	
TITLE	ACD	61 TITLE	☐ Change ☐ Addition
NAME	RICHARD, ERNEST	62 NAME	
STREET ADDRESS	3002 E FERN AVE	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33610	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 24 APRIL 95 0026-4299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Federal FEI #

0065060