

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33677-4624 US

3. Date Incorporated or Qualified <b>08/25/1993</b>	3a. Date of Last Report <b>04/08/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3198714</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGUAY, MELVIN C**  
**7703 W HANNA AVE**  
**TAMPA FL 33615**

81 Name <b>Alberta Brown</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>311 East Ohio Ave</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33603</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Alberta Brown - Secretary*

**3/25/97**

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTY, MICHELLE	1.2 NAME	
STREET ADDRESS	P.O. BOX 4824 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33677	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, CONNIE	2.2 NAME	
STREET ADDRESS	219 E KENTUCKY AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33603	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGUAY, MELVIN C	3.2 NAME	<b>50 Alberta Brown</b>
STREET ADDRESS	7703 W HANNA AVE	3.3 STREET ADDRESS	<b>311 East Ohio Ave</b>
CITY - ST - ZIP	TAMPA FL 33615	3.4 CITY - ST - ZIP	<b>Tampa, FL 33603</b>
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAITY, VERNON	4.2 NAME	
STREET ADDRESS	6806 N 48 ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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:

*Alberta Brown - Secretary*

**37-87 626-4897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049182

CR2E037 (9/96)