

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002511 (3)

1. Corporation Name

CONCERNED CITIZENS GROUP OF CRESTVIEW, INCORPORATED

Principal Place of Business

549 McDONALD ST
CRESTVIEW FL 32536

Mailing Address

P.O. BOX 1871
CRESTVIEW FL 32536-7871



3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3221035

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, MAE R
549 McDONALD ST
CRESTVIEW FL 32536

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLEMAN, MAE R	
STREET ADDRESS	549 McDONALD STREET	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BESS, PEARL W	
STREET ADDRESS	405 BENJAMIN STREET	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKAY, PEARL E	
STREET ADDRESS	206 OGLESBY STREET	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	GERMAN, ROSETTA M	
STREET ADDRESS	5380 CONSTITUTION ROAD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATE, JAMES E	
STREET ADDRESS	403 MCCLELLAND STREET	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, EVERGREEN	
STREET ADDRESS	1249 WEST EDNEY	
CITY-ST-ZIP	CRESTVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Ulysses, Coleman
549 Mc DONALD ST
CRESTVIEW, FL 32536

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: MAE R. COLEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073476

CR2E037 (9/96)