

2-18-98 B 2286 C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3. Date Incorporated or Qualified 05/16/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3221035	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MAE R	1.2 NAME	
STREET ADDRESS	549 McDONALD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESS, PEARL W	2.2 NAME	
STREET ADDRESS	405 BENJAMIN STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, PEARL E	3.2 NAME	
STREET ADDRESS	208 OGLESBY STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAN, ROSETTA M	4.2 NAME	
STREET ADDRESS	5380 CONSTITUTION ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, JAMES E	5.2 NAME	
STREET ADDRESS	403 McCLELLAND STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	5.4 CITY - ST - ZIP	
TITLE	ATD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULYSSES, COLEMAN	6.2 NAME	
STREET ADDRESS	549 McDONALD ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	6.4 CITY - ST - ZIP	

14. 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 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 # 2075000

CR2E037 (10/97)

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