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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address &C & OF CRESTVICW

DOCUMENT # N94000002511

Corporation Name

CONCERNED CITIZENS GROUP OF CRESTVIEW, INCORPORATED

FILED May 07, 1999 8:00 am Secretary of State

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Principal Place of Business
MeNHALY MEETINS PL FAIRVIEW PARK CENTER 3. Date Incorporated or Qualifed 2. Principal Place of Business <u>16 MAY 94</u> 549 MCDONALD STREET P.O. BOX 791 Suite, Apt. #, etc. Applied For 4. FEI Number Suite, Apt. #, etc. X Not Applicable PFG - BOX791 549 MEDONALD-STREET \$8.75 Additional City & State City & State 5. Certifcate of Status Desired CRESTVIEW, FLORIDA Fee Required CRESTVIEW, FLORIDA _Country_ \$5.00 May Be Zip _Country 6.- Election Campaign Financing \Box Trust Fund Contribution Added to Fees |30|OKALOOSA 25 OKAT OOSA 29 32536 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) MAE REATHA COLEMAN 549 MCDONALD STREET 83 CRESTVIEW, FLORIDA 32536 84 City Zip Code 11. Fursuant 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change □ DELETE 1.1 TITLE TITLE PRESIDENT NAME 12 NAME MS. MAE REATHA COLEMAN 1.3 STREET ADDRESS 549 MCDONALD STREET STREET ADDRESS 1.4 CITY-ST-ZIP CRESTVIEW, FLORIDA CITY-ST-ZIF ★ Addition Change VICE-PRESIDENT X DELETE 2.1 TITLE TITLE VICE-PRESIDENT RUTH E: WILSON 22 NAME NAME MS. PEARL BESS 214 KENNEDY DRIVE 2.3 STREET ADDRESS STREET ADDRESS 405 BENJAMIN STREET 32536 32536 CRESTVIEW, FLORIDA 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition SECRETARY ☐ Change KINDELETE 3.1 TITLE TITLE SECRETARY MS. RAE ROBERSON 3.2 NAME MRS-VALER-IE-J-MCLAUGHLIN NAME 202 SOUTH BOOKER STREET 3.3 STREET ADDRESS STREET ADDRES 512 CANDLEWOOD LANE CRESTVIEW, FLORIDA 32536 3.4. CITY-ST-ZIP CITY-ST-ZIF CRESTVIEW, FLORIDA X Addition ☐ Change DELETE 4.1 TITLE ASST SECRETARY TITLE ASST SECRETARY 4. 2 NAME MS. CATHERINE DORTCH NAME MS. PEARL E. MCKAY 4.3 STREET ADDRESS 112 OGLESBY AVENUE STREET ADDRESS 206 OGLESBY STREET 32536. Change 4 4 CITY-ST-ZIP CRESTVIEW.FLROIDA-CITY-ST-ZIP CRESTVIEW, FLORIDA 325 DELETE ☐ Addition 51 TITLE TITLE TRESURER 5.2 NAME NAME 481 NCCEELLAND STREET 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CRESTVIEW. FLORIDA CITY-ST-ZIP Addition 6 1 TITLE ASST TREASURER TITLE ASST TREASURER 6.2 NAME MR. ULYSSES COLEMEN MR. CLYDE T. HAYES NAME 6.3 STREET ADDRESS 549 MCDONALD STREET STREET ADDRESS 812 WEST WALNUT STREET

CITY-ST-ZIP CRESTVIEW FLORIDA 32536

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 supplied with all siling obes not quality for the exemption stated in Section 179.07(5)(f), Florida Statutes. I indired certify that the indired 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, with all other like empowered.

CITY-ST-ZIP

(11/98)CR2E037