

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG -4 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **CONCERNED, CITIZENS GROUP**
1. Corporation Name **OF CRESTVIEW**

NAND000002511

Principal Place of Business **FAIRVIEW PARK**
CRESTVIEW FL
Mailing Address **FOR BUSINESS**
meeting
ONLY
PUBLIC PARK

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 FAIRVIEW PARK	26 549 McDONALD ST	MAY 16, 1994
Suite, Apt. #, etc. MCCLELLAND ST	Suite, Apt. #, etc.	4. FEI Number
22	27 CRESTVIEW	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 CRESTVIEW FL	28 FLORIDA OKALOSA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 32536 Country	Zip 32536 Country	Trust Fund Contribution <input type="checkbox"/>
24 OKALOSA	29 32536 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAE REATHA COLEMAN	81 Name
549 MC DONALD ST	82 Street Address (P.O. Box Number is Not Acceptable)
CRESTVIEW, FL 32536	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	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D	PRESIDENT	MAE REATHA COLEMAN	549 MC DONALD ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		CRESTVIEW, FL 32536		1.2 NAME	
				1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VICE PRESIDENT	PEARL BESSKY	405 BENJAMIN ST	2.2 NAME	
		CRESTVIEW, FL 32536		2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SECRETARY	RAE ROBERSON	BOOKER ST	3.2 NAME	
		CRESTVIEW FL 32536		3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TREASURER	JAMES PATE	401 MC CLELLAND ST	4.2 NAME	
		CRESTVIEW FL 32536		4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ASS' TREASURER	LIYSSSES, COLEMAN	549 MC DONALD ST	5.2 NAME	
		CRESTVIEW, FL 32536		5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CHAPLAIN	THEODORE POWELL	898 WEST GRIFFITH AVE	6.2 NAME	
		CRESTVIEW FL 32536		6.3 STREET ADDRESS	
				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, with all other like empowered.

SIGNATURE: **MAE REATHA COLEMAN** **MAE REATHA COLEMAN** **JUNE 27, 00.** **682-5518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #