


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State


04-09-2004 90058 007 ****61.25

DOCUMENT # N94000002511	
1. Entity Name CONCERNED CITIZENS GROUP OF CRESTVIEW, INCORPORATED	

Principal Place of Business FAIRVIEW PARK CRESTVIEW FL 32536	Mailing Address 549 MCDONALD STREET CRESTVIEW FL 32536
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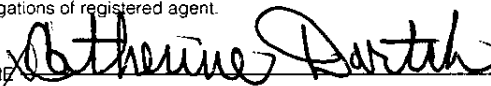
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 733 Suite, Apt. #, etc.
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City & State Crestview	City & State Crestview
Zip 32536	Country OKA/DOSA

	
MOORE	CR2E037 (11/03)
4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLEMAN, MAE REATHA 549 MCDONALD ST CRESTVIEW FL 32536	
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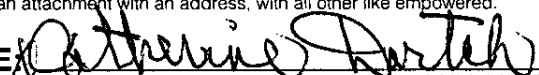
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, MAE REATHA 549 MCDONALD STREET CRESTVIEW FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKAY, PEARL 206 OGLESBY AVENUE CRESTVIEW FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, DELORES 602 MCDONALD STREET CRESTVIEW FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATE, JAMES 401 MCCLELLAND STREET CRESTVIEW FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD COLEMAN, ULYSSES 5409 MCDONALD STREET CRESTVIEW FL 32536 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POWELL, THEODORE 898 WEST GRIFFITH AVENUE CRESTVIEW FL 32536 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORTCH, CATHERINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 733 CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUTCHINSON, DOUGLAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 288 N Booker St CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERSON, Billie Rae <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 202 South Booker St CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carolyn Hutchinson Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 163 Milligan, FL 32537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Chamberlain Theodore <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 705 Riva Ridge Dr CRESTVIEW FL 32537-6201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACKSON Betty J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 603 Hayes CRESTVIEW FL 32536

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE 	DATE April 7, 2004 DAYTIME PHONE # 1850/682-6287