

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90109 005 \*\*\*\*61.25

DOCUMENT # N94000002511

1. Entity Name

CONCERNED CITIZENS GROUP OF CRESTVIEW,  
INCORPORATED



Principal Place of Business

FAIRVIEW PARK  
CRESTVIEW FL 32536

Mailing Address

PO BOX 733  
CRESTVIEW FL 32536

00011004



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

County

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

County

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, MAE REATHA  
549 MCDONALD ST  
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name: Catherine Dortch  
Street Address (P.O. Box Number is Not Acceptable): PO Box 733 112 Ogden by Ave, Crestview  
City: Crestview FL Zip Code: 32536

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

Catherine Dortch

03-25-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DORTCH, CATHERINE	
STREET ADDRESS	PO BOX 733	
CITY- ST- ZIP	CRESTVIEW FL 32536	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUTCHINSON, DOUGLAS	
STREET ADDRESS	288 N BOOKER ST	
CITY- ST- ZIP	CRESTVIEW FL 32536	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERSON, BILLIE RAE	
STREET ADDRESS	202 SOUTH BOOKER ST	
CITY- ST- ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH-HUTCHINSON, CAROLYN	
STREET ADDRESS	PO BOX 163	
CITY- ST- ZIP	MILLIGAN FL 32537	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, THEODORE	
STREET ADDRESS	705 RIVA RIDGE DR	
CITY- ST- ZIP	CRESTVIEW FL 32539	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JACKSON, BETTY J	
STREET ADDRESS	603 HAYES	
CITY- ST- ZIP	CRESTVIEW FL 32536	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

Catherine Dortch, President

03-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 850-682-6287