


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90009 003 ****61.25

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

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| Principal Place of Business FAIRVIEW PARK CRESTVIEW FL 32536 | Mailing Address PO BOX 733 CRESTVIEW FL 32536 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address <i>C. C. Group of Crestview Inc</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. <i>405 Benjamin St</i> |
| City & State | City & State <i>Crestview FL</i> |
| Zip | Zip <i>32536</i> |
| Country | Country <i>Alaska</i> |

1st MOORE CR2E037 (10/06)

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| 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DORTCH, CATHERINE P.O. BOX 133 112 OGLERBY CIRCLE CRESTVIEW FL 32536 | |
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| 7. Name and Address of New Registered Agent Name <i>C. C. Group of Crestview Inc</i> Street Address (P.O. Box Number Not Acceptable) <i>405 Benjamin St</i> City <i>Crestview</i> State FL Zip Code <i>32536</i> | |
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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* DATE *2-2-07*
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DORTCH, CATHERINE PO BOX 733 CRESTVIEW FL 32536 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HUTCHINSON, DOUGLAS 288 N BOOKER ST CRESTVIEW FL 32536 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBERSON, BILLIE RAE 202 SOUTH BOOKER ST CRESTVIEW FL 32536 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SMITH-HUTCHINSON, CAROLYN PO BOX 163 MILLIGAN FL 32537 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATD CHAMBERLAIN, THEODORE 705 RIVA RIDGE DR CRESTVIEW FL 32539 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD JACKSON, BETTY J 603 HAYES CRESTVIEW FL 32536 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* DATE: *2-2-07* TELEPHONE: *850-6826287*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #