2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N94000002511

Entity Name: CONCERNED CITIZENS GROUP OF CRESTVIEW, INCORPORATED

Current Principal Place of Business:

FAIRVIEW PARK
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

C.C. GROUP OF CENTURIES TIMES
405 BENJAMIN ST.
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C.C GROUP OF CRESTVIEW FL. DUR.
405 BENJAMIN ST.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DORTCH, CATHERINE
Address: PO BOX 733
City-St-Zip: CRESTVIEW, FL 32536

Title: VP ( ) Delete
Name: HUTCHINSON, DOUGLAS
Address: 288 N BOOKER ST
City-St-Zip: CRESTVIEW, FL 32536

Title: S ( ) Delete
Name: ROBERSON, BILLIE RAE
Address: 202 SOUTH BOOKER ST
City-St-Zip: CRESTVIEW, FL 32536

Title: T ( ) Delete
Name: SMITH-HUTCHINSON, CAROLYN
Address: PO BOX 115
City-St-Zip: BAKER, FL 32531

Title: ATD ( ) Delete
Name: CHAMBERLAIN, THEODORE
Address: 705 RIVA RIDGE DR
City-St-Zip: CRESTVIEW, FL 32539

Title: CD ( ) Delete
Name: JACKSON, BETTY J
Address: 603 HAYES
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, DELORES
Address: 538 E. BROCK AVENUE
City-St-Zip: CRESTVIEW, FL 32539

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE DORTCH PD 02/26/2009

Electronic Signature of Signing Officer or Director — Date