

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000170

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** THE CONCERNED CITIZENS OF MULBERRY AND THE SURROUNDING AREAS INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 134  
MULBERRY, FL 338600134

**New Principal Place of Business:**

707 S. E. 3RD STREET  
MULBERRY, FL 338600134

**Current Mailing Address:**

P.O. BOX 134  
MULBERRY, FL 338600134

**New Mailing Address:**

**FEI Number:** 65-0462157      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, JULIE W  
707 S.E. 3RD STREET  
MULBERRY, FL 33860      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: S      ( ) Delete  
Name: SMITH, ELLESTINE  
Address: 601 NW 2ND, ST  
City-St-Zip: MULBERRY, FL 33860

Title: D      ( ) Delete  
Name: SCROCCA, ANDREW  
Address: 214 PALM DR  
City-St-Zip: MULBERRY, FL 33860

Title: D      ( ) Delete  
Name: ROBINSON, FLOYD  
Address: 806 SE 5TH ST  
City-St-Zip: MULBERRY, FL 33860

Title: D      ( ) Delete  
Name: JACKSON, BUTCH  
Address: 1674 BELMONT WOODS, DR  
City-St-Zip: MULBERRY, FL 33860

Title: D      ( ) Delete  
Name: BAKER, ROOSEVELT  
Address: 406 NW 1ST ST  
City-St-Zip: MULBERRY, FL 33860

Title: CHAP      ( ) Delete  
Name: BROOKS, CHARLES  
Address: 706 S.E. 3RD STREET  
City-St-Zip: MULBERRY, FL 33860

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: SMITH, ELLISTINE  
Address: 601 NW 2ND, ST  
City-St-Zip: MULBERRY, FL 33860

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:

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: JULIE TAYLOR

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date