FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500000936 (3)
1. Corporation Name

THE CONCERNED CITIZEN FOR COMMUNITY IMPROVEMENT, INC.

Principal Place of Business

Mailing Address

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 AUG 27 AHII: 47



Frincipal Flace of Business Ivialing Address										
			P O BOX 509 PAHOKEE FL 33476							
							3. Date Incorporated or Qualified 02/24/1995	3a . Da	te of La	st Report
	ace of Business	2a. Mai	iling Address	,			4. FEI Number			Applied For
21		26							X	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	8	City	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Country Zip Cou			Intry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No					
	9. Name and Address of Current F	Registere	d Agent	.11			10. Name and Address of New Re			
					61	Name				
~ WRIGHT, MARY C * 800 PALM BLVD					82	Street /	Address (P.O. Box Number is Not Acceptable)		
PAHOKEE FL 33476					83					
•					84	City		FL	85 4	ip Code
11. Pursuant or register	to the provisions of Sections 617.0502 ared agent, or both, in the State of Florida	nd 617.150 Such cha	08, Florida Statute	es, the abo	LL ove-n	anned co	rporation submits this statement for the purp board of directors. Thereby accept the appoin	ose of cha	nging its	registered office
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE .	Signature, typed or printed name of registered agent and		ble (NO	It Hegistered		t siunatare re	squirdd when renstaing"	DATE		
12.	OFFICERS AND D			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREQ1	OBS IN 12
TITLE	President/Director DELETE				11 TOLE		ADDITIONS CHANGES TO OFFICE CH		Charge	Abdition
NAME	Mary C. Wright			1 2 N	AME		~U3/U3/\ *****(6)	<i>⊃c</i> 1001	ጥጥጥ በ12-	~030 •61.25
STREET ADDRESS					1.3 STREET ADDRESS		*********	.20	व-व-व-व-	*61.25
CITY-ST-ZIP	Pahokee, FL 33476			1.4 CI	TY - \$1	r - ZIP				
TITLE	Vice President/Dire	ctor	DELETE	2111	TLE] Change	Addition (
NAME	Delores Maxey			2 2 N	AMÉ					
STREET ADDRESS	891 Palm Blvd			23\$1	REET.	ADDRESS				
CITY - ST - ZIP	Pahokee, FL 33476					T-7IP				
TITLE	Secretary/Director		DELETE	3 1 Ti] Change	☐ Addition
NAME	Mary Jackson			3 2 N/						
STREET ADDRESS	230 SW 5th Street					ADDRESS				
CITY-ST-ZIP TITLE	Pahokee, Fl. 33476		DELETE	4 1 Ti		1 - ZiP		г] Change	Addition
NAME				4 2 N				L	T cumulée	
STREET ADDRESS						ADDRESS				-
CITY-ST-ZIP				4 4 CI						
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STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5 4 CI			_			
TITLE			DELETE	611			()0] Change	Addition
NAME				6 2 NA	ME					
STREET ADDRESS				6351	REEL	ADDRESS	<i>の</i> / く			
CITY-ST-ZIP				6 4 CI			417			
	v certify that the information supplied with	i this filina	is voluntarily furni	shed and	does	not nual	lify for the exemption stated in Section 119.0	7(3)(k) Flor	da Stati	ites I further

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

LAND WEED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4/30/96

Daytimu Phone #