

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

43458

DOCUMENT # N9500000936 ✓

1. Entity Name
Concerned Citizens for Community Improvement,
of Pahokee, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Palm Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 509
Suite, Apt. #, etc.

City & State

Pahokee, FL 33476

Zip

Country

City & State

Pahokee, FL 33476

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Mary C. Wright

Street Address (P.O. Box Number is Not Acceptable)

800 Palm Blvd

P.O. Box 509

City Pahokee

FL

Zip Code

33476

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.

SIGNATURE Mary C. Wright

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

(NOTE: Registered Agent signature required when reappointing)

DATE May 01, 02

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary C. Wright 800 Palm Blvd Pahokee, FL 33476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Delores Maxey 891 Palm Blvd Pahokee, FL 33476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mary S. Jackson 230 W. 5th Street Pahokee, FL 33476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Angeline Folston 505 Baines Terrace Pahokee, FL 33476	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	All addresses are the same	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Mary C. Wright

May 01, 2002 561-924-8217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

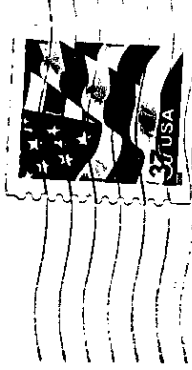
Daytime Phone #

11/15/02

The Concerned Citizen For
Improvement

P.O. Box 509

Pahokee, FL 33476



Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
Corporation Records
P.O. Box 6327

Tallahassee, FL 32304-6327

