

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000936

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE CONCERNED CITIZEN FOR COMMUNITY IMPROVEMENT, INC.

Current Principal Place of Business:

800 PALM BLVD
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

P O BOX 509
PAHOKEE, FL 33476

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:

WALKER, DIANE L
379 BANYAN AVENUE
PAHOKEE, FL 33476 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: WALKER, DIANE L
Address: 260 S. BARFIELD HWY.
City-St-Zip: PAHOKEE, FL 33476

Title: VD () Delete
Name: MAXEY, DELORES
Address: 891 PALM BLVD.
City-St-Zip: PAHOKEE, FL 33476

Title: SD () Delete
Name: JACKSON, MARY
Address: 230 SW 5TH STREET
City-St-Zip: PAHOKEE, FL 33476

Title: TD () Delete
Name: WRIGHT, MARY C
Address: 800 PALM BLVD.
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, DIANE L
Address: 379 BANYAN AVENUE
City-St-Zip: PAHOKEE, FL 33476

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 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: DIANE L. WALKER

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date