

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90115 008 \*\*\*\*61.25

**DOCUMENT # N95000000936**

1. Entity Name

**THE CONCERNED CITIZEN FOR COMMUNITY IMPROVEMENT,  
INC.**



Principal Place of Business

**800 PALM BLVD  
PAHOKEE FL 33476**

Mailing Address

**P O BOX 509  
PAHOKEE FL 33476**

2. Principal Place of Business

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, MARY C  
800 PALM BLVD  
PAHOKEE FL 33476**

Name  
**Diane L. Walker**

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

**260 S. Barfield Hwy.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Diane L. Walker**

**May 1, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WRIGHT, MARY C  
800 PALM BLVD.  
PAHOKEE FL 33476** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Diane L. Walker  
260 S. Barfield Hwy, Pahokee 33476** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
MAXEY, DELORES  
891 PALM BLVD.  
PAHOKEE FL 33476** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
Maxey, Delores  
891 Palm Blvd  
Pahokee, FL 33476** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
JACKSON, MARY  
230 SW 5TH STREET  
PAHOKEE FL 33476** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Jackson, Mary  
230 SW 5th Street  
Pahokee, FL 33476** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
Mary C. Wright  
800 Palm Blvd.  
Pahokee, FL 33476** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Diane L. Walker** 05-01-03 2561-29840086-

Date

Daytime Phone #

CR2E037 (10/02)

0081672