

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002279 (6)

1. Corporation Name

CONCERN CITIZENS OF TRIPOLI, INC.



Principal Place of Business

**215 CHURCH ST.
LOUGHMAN FL 33858**

Mailing Address

**P.O. BOX 857
LOUGHMAN FL 33858**

3. Date Incorporated or Qualified
05/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-336-1972

☒ Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, CYNTHIA
6619 HWY. 17-92
LOUGHMAN FL 33858**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **Pres President**
Gussie Ratliff
STREET ADDRESS **6804 Hwy 17-92**
CITY-ST-ZIP **Loughman Fl. 33858**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **Treasurer**
Lucille Dargow N/A
STREET ADDRESS **P.O. Box 45**
CITY-ST-ZIP **Loughman Fl. 33858**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **Secretary**
Sheryl Pryor N/A
STREET ADDRESS **P.O. Box 367**
CITY-ST-ZIP **Loughman Fl. 33858**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **Advisor**
Dep. Maey Campbell
STREET ADDRESS **860 Thompson Nursing Rd**
CITY-ST-ZIP **Lake Wales, Fl. 33853**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **President:**
Cynthia Wilson
STREET ADDRESS **6619 HWY 17-92**
CITY-ST-ZIP **Loughman FL 33858**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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14. I do 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:

Cynthia Wilson - Cynthia Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96
Date

Daytime Phone #

CR2E037 (12/95)