

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90024 048 \*\*\*\*70.00

**DOCUMENT # N95000002279**

1. Corporation Name

**CONCERN CITIZENS OF TRIPOLI, INC.**

Principal Place of Business

6801 N. 17-92 HWY  
LOUGHMAN FL 33858

Mailing Address

P.O. BOX 857  
LOUGHMAN FL 33858



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/09/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3361972**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RATLIFF, GUSSIE**  
**6804 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **RATLIFF, GUSSIE**

STREET ADDRESS **6804 HWY 17-92**

CITY-ST-ZIP **LOUGHMAN FL 33858**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE

NAME **GRIFFIN, ETHEL**

STREET ADDRESS **6812 LORENZO LANE**

CITY-ST-ZIP **LOUGHMAN FL 33858**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **DARGON, LUCILLE**

STREET ADDRESS **PO BOX 45 N/A**

CITY-ST-ZIP **LOUGHMAN FL 33858**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

NAME **WATERS, KATRINA**

STREET ADDRESS **LOT 82 SUNLAKE ESTATE**

CITY-ST-ZIP **LOUGHMAN FL 33858**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **AD** ☐ DELETE

NAME **WILSON, CYNTHIA**

STREET ADDRESS **6619 HWY 17-92**

CITY-ST-ZIP **LOUGHMAN FL 33858**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)