2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N95000002279

Entity Name: CONCERN CITIZENS OF TRIPOLI, INC.

Current Principal Place of Business:

6312 OLD KISSIMMEE ROAD
LOUGHMAN, FL 33858

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 857
LOUGHMAN, FL 33858

New Mailing Address:

FEI Number: 59-3361972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RATLIFF, GUSSIE
6804 HWY. 17-92
LOUGHMAN, FL 33858 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: RATLIFF, GUSSIE
Address: 6804 HWY 17-92
City-St-Zip: LOUGHMAN, FL 33858

Title: VPD ( ) Delete
Name: GRIFFIN, ETHEL
Address: 6812 LORENZO LANE
City-St-Zip: LOUGHMAN, FL 33858

Title: TD ( ) Delete
Name: DARGON, LUCILLE
Address: PO BOX 45 N/A
City-St-Zip: LOUGHMAN, FL 33858

Title: AD ( ) Delete
Name: WILSON, CYNTHIA
Address: 6619 HWY 17-92
City-St-Zip: LOUGHMAN, FL 33858

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: CYNTHIA WILSON AD 05/06/2005
Electronic Signature of Signing Officer or Director — Date