

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002279

FILED  
Apr 03, 2012  
Secretary of State

**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 749  
LOUGHMAN, FL 33858

**New Mailing Address:**

**FEI Number:** 59-3361972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILSON, CYNTHIA  
6619 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  
**Name:** WILSON, CYNTHIA  
**Address:** 6619 HWY 17-92  
**City-St-Zip:** LOUGHMAN, FL 33858

**Title:** VP  
**Name:** GRIFFIN, ETHEL  
**Address:** 6812 LORENZO LANE  
**City-St-Zip:** LOUGHMAN, FL 33858

I hereby 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 all other like empowered.

**SIGNATURE:** CYNTHIA WILSON

PD

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date