

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91418 022 *****70.00

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DOCUMENT # N95000002279

1. Entity 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

11040429



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6312 Old Kissimmee Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Loughman, Florida

City & State

Zip

Country

33858

POIK

4. FEI Number **59-3361972**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, GUSSIE
6804 HWY. 17-92
LOUGHMAN FL 33858

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RATLIFF, GUSSIE	
STREET ADDRESS	6804 HWY 17-92	
CITY-ST-ZIP	LOUGHMAN FL 33858	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRIFFIN, ETHEL	
STREET ADDRESS	6812 LORENZO LANE	
CITY-ST-ZIP	LOUGHMAN FL 33858	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DARGON, LUCILLE	
STREET ADDRESS	PO BOX 45 N/A	
CITY-ST-ZIP	LOUGHMAN FL 33858	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WATERS, KATRINA	
STREET ADDRESS	LOT 82 SUNLAKE ESTATE	
CITY-ST-ZIP	LOUGHMAN FL 33858	
TITLE	AD	<input type="checkbox"/> Delete
NAME	WILSON, CYNTHIA	
STREET ADDRESS	6619 HWY 17-92	
CITY-ST-ZIP	LOUGHMAN FL 33858	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

CR2E037 (10/02)