FILE NOW: FILING FEE IS \$61.25							FILED					
NONPROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State				Apr 27, 1999 8:00 am					000083
1999 Division of corporations								04-27-19	99 901 97 (035 ****61.2	:5	
DOCU 1. Corporation	MENT # N9	80000017	' 40									
LAWTEY COMMUNITY ACTION GROUP, INC.							$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
Principal Place	e of Business	Mailing	Mailing Address									
P.O. BOX (351 Lawtey Fl. 32	058		P.O. BOX 351 LAWTEY FL 32058									
·	ace of Business		ling Address				B. Date Inc 03/25/	orporated or Qua	alifed		, -]
21 Suite, Apt.	#, etc.		26				4. FEI Number					
22 City & State	9		/ & State				. Certifcat	e of Status Desir	red 🗌	\$8.75 A Fee Re		
23 Zip 24	Country	28 Zip 29		Cour	try			Campaign Finan	icing	\$5.00 Added to	May Be	
		s of Current Registered	d Agent		81 Name		0. Name a	nd Address of N	New Register	ad Agent		}
GREEN CO	MMIE L INER ROAD OVE SPRINGS FL 320 to the provisions of Secti egistered agent, or both, m familiar with, and acce	ons 617.0502 and 617.1	uch change was a	es, the ab	83 84 City ove-named by the corp			this statement for ectors. I hereby	F	of changing its	registered	
SIGNATURE	Signature, typed or printed in ame				gent signature	recuired whe	n reinstating		DATE			e e e e e e e e e e e e e e e e e e e
12.	· · · · · · · · · · · · · · · · · · ·	FICERS AND DIRECTO		13.		т		NS/CHANGES T	0 OFFICERS	AND DIRECTO	RS IN 12	(11/98)
TITLE NAME STREET ADOR 355	d Moore, Jesse J JF P.O. Box 222	} .				224	93 N.	E. C.R. 20	00 B			E037
CITY-ST-ZIP	LAWTEY FL 32058			1.4 CIT	-ST-ZIP	+	<u> </u>			D Change	Addition	CR2
TITLE NAME STREET ADDRESS	d Barber, dwight P.O. Box 5			2.1 TTT 2.2 NAI 2.3 STF		2314	C LAR	E 57.				
CITY-ST-ZIP	LAWTEY FL 32058				Y-ST-ZIP	+				Change	Addition	1
TITLE NAME STREET ADDRESS	d Scott, Jimmie L P.O. Box 22			2.2 MA	45	.2.50	30 LA	1KE 5T.				
CITY-ST-ZIP	LAWTEY FL 32058		DELETE		Y-ST-ZIP					Change	[-] Addition	-
NAME				4.1 III 4.2 NA								
STREET ADDRESS				4.3 ST	REET ADDRESS	\$						
CITY-ST-ZIP TITLE				4.4 CIT 5.1 TIT	Y-ST-ZIP	+				Change	Addition	1
NAME				5.2 NA								
STREET ADDRESS					REET ADORESS Y-ST-ZIP	5						
CITY-ST-ZIP				6.1 TIT				······	·	Change	Addition	1
NAME				6.2 NA								
STREET ADDRESS					REET ADDRESS Y-ST-ZIP	ⁱ						
indicated officer or	certify that the information on this annual report or s director of the corperatio	supplemental annual repondent or the receiver or truste	ort is true and accu se empo wered to e	r the exer urate and execute th	nption state that my sigr is report as	nature sha required	ali havo tha	same ienai eπer	n as ir maoe i	nner oam: mau	aman	-
SIGNATURE: SIGNATURE:												
	SIGNATURE	AND TYPEP OR PRINTED NAM	E OF SIGNING OFFICER	R OR DIRECT	OR			Date		Daytime Phone #		