

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

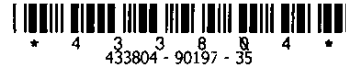
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001740

1. Corporation Name
LAWTEY COMMUNITY ACTION GROUP, INC.



Principal Place of Business P.O. BOX 351 LAWTEY FL 32058	Mailing Address P.O. BOX 351 LAWTEY FL 32058
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/25/1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
30		

9. Name and Address of Current Registered Agent

SCOTT, JIMMIE L
1223 WARNER ROAD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NO 'E' Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JESSE J JR.	1.2 NAME	
STREET ADDRESS	P.O. BOX 222	1.3 STREET ADDRESS	22493 N.E. CR. 200 B
CITY-ST-ZIP	LAWTEY FL 32058	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, DWIGHT	2.2 NAME	
STREET ADDRESS	P.O. BOX 5	2.3 STREET ADDRESS	2314 LAKE ST.
CITY-ST-ZIP	LAWTEY FL 32058	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JIMMIE L	3.2 NAME	
STREET ADDRESS	P.O. BOX 22	3.3 STREET ADDRESS	2530 LAKE ST.
CITY-ST-ZIP	LAWTEY FL 32058	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jesse J Moore SIGNATURE REQUIRED 4/27/99 (904) 782-3001
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)