

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004382

1. Entity Name
**COMMITTED CITIZENS CONCERNED ABOUT OUR
CHILDREN, INC.**



Principal Place of Business
**900 N. SEACREST BLVD
BOYNTON BEACH, FL 33435**

Mailing Address
**329 N.E. 12TH AVE
BOYNTON BEACH, FL 33435**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0939596** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIBSON, WILLIE JR
1047 S.W. 28TH AVENUE
BOYNTON BEACH, FL 33426**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GIBSON, WILLIE JR**
STREET ADDRESS **1047 S.W. 28TH AVE**
CITY - ST - ZIP **BOYNTON BEACH, FL 33426**

TITLE **V**
NAME **HAY, WOODROW**
STREET ADDRESS **427 N.W. 5TH AVE**
CITY - ST - ZIP **BOYNTON BCH, FL 33435**

TITLE **S**
NAME **LOWE, REVETTA**
STREET ADDRESS **412 N.E. 25TH AVE**
CITY - ST - ZIP **BOYNTON BCH, FL 33435**

TITLE **T**
NAME **MITCHELL, EDDIE L**
STREET ADDRESS **329 N.E. 12TH AVE**
CITY - ST - ZIP **BOYNTON BCH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000383925
01/19/06-80021-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-06 561-736-7848