

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 08:00 A**  
**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**



03152007 No Chg-NP

CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000674896  
03/29/07-80081-020 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

561-736-7848

Daytime Phone #