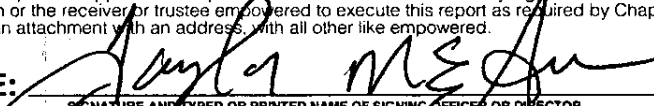


2004-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90015 018 ****61.25

DOCUMENT # N99000006993 1. Entity Name KERBO COALITION OF CONCERNED CITIZENS, INC.					
Principal Place of Business P.O. BOX 281 MAYO FL 32066			Mailing Address P.O. BOX 281 MAYO FL 32066		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3595574 ☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
MURPHY, ANN MARTIN LUTHER KING BLVD. MAYO FL 32066				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 Due By September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCGREW, TAYLOR		NAME		
STREET ADDRESS	P.O. BOX 674		STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WATKINS, GWEN		NAME		
STREET ADDRESS	P.O. BOX 933		STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HAMILTON, DEBRA		NAME		
STREET ADDRESS	P.O. BOX 221		STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MURPHY, ANN		NAME		
STREET ADDRESS	P.O. BOX 281		STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MIDDLETON, PAMELA		NAME		
STREET ADDRESS	P.O. BOX 161		STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	REID, SYLVIA		NAME		
STREET ADDRESS	P.O. BOX 554		STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		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: 			8-18-04 (386) 254-1701		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



MOORE CR2E037 (4/04)