


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000006993 1. Entity Name KERBO COALITION OF CONCERNED CITIZENS, INC.	
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Principal Place of Business P.O. BOX 281 MAYO, FL 32066	Mailing Address P.O. BOX 281 MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE



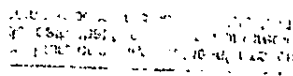
04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3595574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURPHY, ANN MARTIN LUTHER KING BLVD. MAYO, FL 32066	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGREW, TAYLOR P.O. BOX 674 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATKINS, GWEN P.O. BOX 933 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, DEBRA P.O. BOX 221 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, ANN P.O. BOX 281 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIDDLETON, PAMELA P.O. BOX 161 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REID, SYLVIA P.O. BOX 554 MAYO, FL 32066

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U000000698401
04/19/07-80001-008 61.25

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 filers empowered.

SIGNATURE 	Date 4-5-07 (386) 294-1701
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>