

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07222008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3595574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, ANN
MARTIN LUTHER KING BLVD.
MAYO, FL 32066

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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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCGREW, TAYLOR
STREET ADDRESS P.O. BOX 674
CITY-ST-ZIP MAYO, FL 32066

TITLE V
NAME WATKINS, GWEN
STREET ADDRESS P.O. BOX 933
CITY-ST-ZIP MAYO, FL 32066

TITLE V
NAME HAMILTON, DEBRA
STREET ADDRESS P.O. BOX 221
CITY-ST-ZIP MAYO, FL 32066

TITLE T
NAME MURPHY, ANN
STREET ADDRESS P.O. BOX 281
CITY-ST-ZIP MAYO, FL 32066

TITLE TD
NAME MIDDLETON, PAMELA
STREET ADDRESS P.O. BOX 161
CITY-ST-ZIP MAYO, FL 32066

TITLE SD
NAME REID, SYLVIA
STREET ADDRESS P.O. BOX 554
CITY-ST-ZIP MAYO, FL 32066

U00000356400
07/28/08-80001-016 61.25

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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

Date

Daytime Phone #