2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
CC3502490513

DOCUMENT# N44166

Entity Name: CONCERNED COMMUNITY FATHERS, INC.

Current Principal Place of Business:

TIVOLI COMMUNITY CENTER
NONE
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

P.O. BOX 879
DEFUNIAK SPRINGS, FL 34233 US

FEI Number: 59-3152475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, DANNY
89 MAPLE ST.
DEFUNIAK SPRINGS, FL 32433 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	VD
Name	GRAHAM, DANNY	Name	JACKSON, RAYMOND
Address	89 MAPLE ST.	Address	RT. 1 BOX N291
City-State-Zip:	DEFUNIAK SPRINGS FL 32435	City-State-Zip:	DEFUNIAK SPRINGS FL 32433
Title	M	Title	M
Name	SHEFFIELD, DAVID	Name	NETTLES, CHRLES
Address	2968 CO HWY 183	Address	1315 US HWY 90 E
City-State-Zip:	DE FUNIAK SPRINGS FL 32433	City-State-Zip:	DE FUNIAK SPRINGS FL 32433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANNY R GRAHAM PD 04/30/2014

Electronic Signature of Signing Officer/Director Detail — Date