

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006993

Entity Name: KERBO COALITION OF CONCERNED CITIZENS, INC.**Current Principal Place of Business:**338 S. W. LAKE STREET
MAYO, FL 32066**Current Mailing Address:**P.O. BOX 281
MAYO, FL 32066**FEI Number: 59-3595574****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, ANN
338 S.W. LAKE STREET
MAYO, FL 32066 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
Name MCGREW, TAYLOR
Address P.O. BOX 674
City-State-Zip: MAYO FL 32066Title V
Name WATKINS, GWEN
Address P.O. BOX 933
City-State-Zip: MAYO FL 32066Title V
Name HAMILTON, DEBRA
Address P.O. BOX 221
City-State-Zip: MAYO FL 32066Title T
Name MURPHY, ANN
Address P.O. BOX 281
City-State-Zip: MAYO FL 32066Title TD
Name MIDDLETON, PAMELA
Address P.O. BOX 161
City-State-Zip: MAYO FL 32066Title SD
Name REID, SYLVIA
Address P.O. BOX 554
City-State-Zip: MAYO FL 32066

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: ANN MURPHY**TREASURE****03/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date