

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



APPROVED AND FILED

DOCUMENT # 768675 (1)

95 MAY -1 PM 12:02

BAKER COUNTY CONCERNED CITIZENS, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Name of Applicant WILLIAMS ROAD P.O. BOX 664 GLEN ST. MARY FL 32040		2. Name of Applicant WILLIAMS ROAD P.O. BOX 664 GLEN ST. MARY FL 32040		3. Date of Filing Request 05/31/1983		3a. Date of Filing Request 10/21/1994	
4. Filing Number 59-2969266		5. Certificate of Status Request <input type="checkbox"/>		5. Certificate of Status Request \$8.75 Additional Fee Required		6. Certificate of Status Request <input type="checkbox"/>	
6. Certificate of Status Request <input type="checkbox"/>		6. Certificate of Status Request <input type="checkbox"/>		6. Certificate of Status Request \$5.00 May Be Added to Fees		7. Nonprofit with 1163 of 1163 <input type="checkbox"/>	
7. Nonprofit with 1163 of 1163 <input type="checkbox"/>		7. Nonprofit with 1163 of 1163 <input type="checkbox"/>		7. Nonprofit with 1163 of 1163 \$68.75 Supplemental Fee Not Required		8. The corporation has failed to submit the statement for the purpose of changing directors provided there is no objection from the shareholders. <input type="checkbox"/>	
8. The corporation has failed to submit the statement for the purpose of changing directors provided there is no objection from the shareholders. <input type="checkbox"/>		8. The corporation has failed to submit the statement for the purpose of changing directors provided there is no objection from the shareholders. <input checked="" type="checkbox"/>		8. The corporation has failed to submit the statement for the purpose of changing directors provided there is no objection from the shareholders. <input type="checkbox"/>		8. The corporation has failed to submit the statement for the purpose of changing directors provided there is no objection from the shareholders. <input type="checkbox"/>	

9. Name and Address of Current Registered Agent JOSEPH, THELMA 32 GASKIN CIRCLE, P.O. BOX 305 SANDERSON FL 32087				10. Name and Address of New Registered Agent B1 Name B2 State Address (if not the same as B1) or Not Acceptable B3 B4 City, State, Zip FL B5			
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11. I hereby certify that the information requested on this filing is true and correct. I understand that the information provided on this filing is subject to the jurisdiction of the State of Florida and that the information provided on this filing is subject to the jurisdiction of the State of Florida.

12. Name	13. Name	14. Name	15. Name
PD WILLIAMS, JAMES PO BOX 664 -WILLIAMS RD. GLEN ST. MARY FL VD			
VD GIVENS, RANDY RT. 1, BOX 998 HWY.127 SANDERSON FL			
SD JOSEPH, THELMA P.O. BOX 305 GASKIN CIR. SANDERSON FL			
SD RUISE, SHARON ROSE(ASST) P.O. BOX 236-RUISE RD. GLEN ST. MARY FL			
TD SMITH, MALICHI RT. 1, BOX 1050 HWY 127 SANDERSON FL			
RD GRIFFIS,FREDDIE N(REPTR) RT. 1, BOX 3F HWY 23A MACCLENNY FL			

14. I hereby certify that the information requested on this filing is true and correct. I understand that the information provided on this filing is subject to the jurisdiction of the State of Florida and that the information provided on this filing is subject to the jurisdiction of the State of Florida.

SIGNATURE: James Williams James Williams 4-27-95; 275-2096