

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768675

FILED
Apr 28, 2008
Secretary of State

Entity Name: BAKER COUNTY CONCERNED CITIZENS, INC.

Current Principal Place of Business:

9937 JAMES WILLIAMS ROAD
GLEN ST. MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 664
9937 JAMES WILLIAMS ROAD
GLEN ST. MARY, FL 32040

New Mailing Address:

FEI Number: 59-2969266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, THELMA H
9169 JOYCE LANE
SANDERSON, FL 32087 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JAMES
Address: PO BOX 664 -WILLIAMS RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: VD () Delete
Name: GIVENS, RANDY
Address: RT. 1, BOX 998 HWY.127
City-St-Zip: SANDERSON, FL 32087

Title: SD () Delete
Name: JOSEPH, THELMA H
Address: P.O. BOX 305 9169 JOYCE LANE
City-St-Zip: SANDERSON, FL 32087

Title: SD () Delete
Name: RUISE, SHARON ROSE
Address: P.O. BOX 236-RUISE RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: TD () Delete
Name: SMITH, MALICHI
Address: RT. 1, BOX 1050 HWY 127
City-St-Zip: SANDERSON, FL 32087

Title: RD () Delete
Name: GRIFFIS, FREDDIE N
Address: RT. 1, BOX 3F HWY 23A
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES WILLIAMS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date