

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768675

FILED  
Apr 30, 2009  
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  
Name:  
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

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date