

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768675

**Entity Name:** BAKER COUNTY CONCERNED CITIZENS, INC.

**Current Principal Place of Business:**

9169 JOYCE LANE  
SANDERSON, FL 32087

**Current Mailing Address:**

P.O. BOX 305  
9169 JOYCE LANE  
SANDERSON, FL 32087 US

**FEI Number:** 59-2969266

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOSEPH/WILLIAMS, THELMA H  
9169 JOYCE LANE  
SANDERSON, FL 32087 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:** THELMA H. JOSEPH/WILLIAMS

04/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WILLIAMS, JAMES F.  
Address P.O. BOX 305  
9169 JOYCE LANE  
City-State-Zip: SANDERSON FL 32087

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

Title SD  
Name JOSEPH-WILLIAMS, THELMA H  
Address P.O. BOX 305 9169 JOYCE LANE  
City-State-Zip: SANDERSON FL 32087

Title SD  
Name MANNING, EVERNEASE  
Address P.O. BOX 424 JOHN WILLIAMS RD.  
City-State-Zip: GLEN ST. MARY FL 32040

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

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

*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:** JAMES F. WILLIAMS

PD

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date