

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768675

FILED
Apr 15, 2015
Secretary of State
CC7120327448

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

04/15/2015

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

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date