

**2024 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

04/22/2024

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	SD
Name	JOSEPH-WILLIAMS, THELMA H
Address	P.O. BOX 305 9169 JOYCE LANE
City-State-Zip:	SANDERSON FL 32087
Title	TD
Name	PAIGE, GRETA D
Address	P.O. BOX 364
City-State-Zip:	SANDERSON FL 32087

Title	VD
Name	WILLIAMS, GREGORY ANTHONY JR.
Address	10463 KING RUISE RD.
City-State-Zip:	GLEN ST. MARY FL 32040
Title	SD
Name	MANNING, EVERNEASE
Address	P.O. BOX 424 JOHN WILLIAMS RD.
City-State-Zip:	GLEN ST. MARY FL 32040
Title	RD
Name	WILLIAMS, LATOYA
Address	P.O. BOX 664
City-State-Zip:	GLEN ST. MARY FL 32040

*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

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date