

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 768675 (1)
 1. Corporation Name
BAKER COUNTY CONCERNED CITIZENS, INC.

Principal Place of Business WILLIAMS ROAD P.O. BOX 664 GLEN ST. MARY FL 32040	Mailing Address WILLIAMS ROAD P.O. BOX 664 GLEN ST. MARY FL 32040
---	---

3. Date Incorporated or Qualified 05/31/1983	
4. FEI Number 59-2969266	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

JOSEPH, THELMA
32 GASKIN CIRCLE, P.O. BOX 305
SANDERSON FL 32087

10. Name and Address of New Registered Agent

81 Name Joseph, Thelma
82 Street Address (P.O. Box Number is Not Applicable) 48 Gaskin Circle, P.O. Box 305
83
84 City Sanderson
85 Zip Code FL 32087

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME WILLIAMS, JAMES	
STREET ADDRESS PO BOX 664 WILLIAMS RD.	
CITY-ST-ZIP GLEN ST. MARY FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME GIVENS, RANDY	
STREET ADDRESS RT. 1, BOX 998 HWY.127	
CITY-ST-ZIP SANDERSON FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME JOSEPH, THELMA	
STREET ADDRESS P.O. BOX 305 GASKIN CIR.	
CITY-ST-ZIP SANDERSON FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME RUISE, SHARON ROSE(ASST)	
STREET ADDRESS P.O. BOX 236-RUISE RD.	
CITY-ST-ZIP GLEN ST. MARY FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME SMITH, MALICHI	
STREET ADDRESS RT. 1, BOX 1050 HWY 127	
CITY-ST-ZIP SANDERSON FL	
TITLE RD	<input type="checkbox"/> DELETE
NAME GRIFFIS,FREDDIE N(REPTR)	
STREET ADDRESS RT. 1, BOX 3F HWY 23A	
CITY-ST-ZIP MACCLENNY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Williams* James Williams 3-26-98 (904) 275-2096

CR2E037 (10/97)