

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90138 031 ****61.25

DOCUMENT # 768675

1. Entity Name

BAKER COUNTY CONCERNED CITIZENS, INC.

Principal Place of Business

Mailing Address

**WILLIAMS ROAD
 P.O. BOX 664
 GLEN ST. MARY FL 32040**

**WILLIAMS ROAD
 P.O. BOX 664
 GLEN ST. MARY FL 32040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2969266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH, THELMA H
 48 GASKIN CIRCLE
 SANDERSON FL 32087**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES	
STREET ADDRESS	PO BOX 664 -WILLIAMS RD.	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIVENS, RANDY	
STREET ADDRESS	RT. 1, BOX 998 HWY.127	
CITY-ST-ZIP	SANDERSON FL 32087	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOSEPH, THELMA	
STREET ADDRESS	P.O. BOX 305 GASKIN CIR.	
CITY-ST-ZIP	SANDERSON FL 32087	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUISE, SHARON ROSE	
STREET ADDRESS	P.O. BOX 236-RUISE RD.	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, MALICHI	
STREET ADDRESS	RT. 1, BOX 1050 HWY 127	
CITY-ST-ZIP	SANDERSON FL 32087	
TITLE	RD	<input type="checkbox"/> Delete
NAME	GRIFFIS, FREDDIE N	
STREET ADDRESS	RT. 1, BOX 3F HWY 23A	
CITY-ST-ZIP	MACCLENNY FL 32063	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02
 Date

(904) 275-2096
 Daytime Phone #

CR2E037 (9/01)