2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 768675

1. Entity Name

GOO WE THE

FILED May 01, 2003 8:00 ams Secretary of State

05-01-2003 90339 031 ****61.25

BAKER C	OUNTY CONCERNED CITIZ	ENS, INC.					
WILLIAMS ROAD WILLI P.O. BOX 664 P.O.		Mailing Address WILLIAMS ROAD P.O. BOX 664 GLEN ST. MARY FL 32040	LLIAMS ROAD D. BOX 664		TOKA DINK KARKATAN PER RESU ATAN	DJEH OKOU BLEH	I BIĐIH HABI
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ECK HERE IF MAKING (CHANGES	
City & State		City & State		4. FEI Number 59-2969266 Applied For Not Applicate			
Zip	Country	Zip	Country	5. Certificate of State		8.75 Add	itional
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addre	ss of New Registered Ag	gent .	
	manager of the larger		Name	· · · · · · · · · · · · · · · · · · ·			
JOSEPH,	THELMA H		Street Addres	ss (P.O. Box Number is No			
48 GASK	IN CIRCLE		0,,001,,0010				
SANDER	SON FL 32087			-			
			City		FL	Zip Code	,
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the	e State of Florida. I am fa	miliar with, a	and accept
SIGNATURE							
	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make Check Payable to Florida Department of State		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	FCTORS IN	10
TITLE	PD	☐ Delete	TITLE				Addition
NAME	WILLIAMS, JAMES	_ ******	NAME			Change	
STREET ADDRESS	PO BOX 664 -WILLIAMS RD.		132 11372			L_1 Change	_
CITY-ST-ZIP	GLEN ST. MARY FL 32040		STREET ADDRESS			L_1 Change	
TITLE			B				
	VD	☐ Delete	STREET ADDRESS			☐ Change	Addition
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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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS RT. 1, BOX 3F HWY 23A

MACCLENNY FL 32063

SIGNATURE: James Wild Tans

904-275-1096