

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# 768675

Entity Name: BAKER COUNTY CONCERNED CITIZENS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2969266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOSEPH, THELMA H
P. O. BOX 305
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: _____ Date: 04/26/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, JAMES
Address: PO BOX 664 -WILLIAMS RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: VD () Delete
Name: GIVENS, RANDY
Address: RT. 1, BOX 998 HWY.127
City-St-Zip: SANDERSON, FL 32087

Title: SD () Delete
Name: JOSEPH, THELMA
Address: P.O. BOX 305 GASKIN CIR.
City-St-Zip: SANDERSON, FL 32087

Title: SD () Delete
Name: RUISE, SHARON ROSE
Address: P.O. BOX 236-RUISE RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: TD () Delete
Name: SMITH, MALICHI
Address: RT. 1, BOX 1050 HWY 127
City-St-Zip: SANDERSON, FL 32087

Title: RD () Delete
Name: GRIFFIS, FREDDIE N
Address: RT. 1, BOX 3F HWY 23A
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JOSEPH, THELMA
Address: P.O. BOX 305 9169 JOYCE LANE
City-St-Zip: SANDERSON, FL 32087

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES WILLIAMS PD 04/26/2004
Electronic Signature of Signing Officer or Director Date