CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 MAY -1 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709088 (9)

1. Corporation Name

CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

000001491830
-05/17/95--01142--011
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
438 W. BREVARD ST P.O. BOX 1775 TALLAHASSEE FL 32302	438 W. BREVARD ST P.O. BOX 1775 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: 06/04/1965
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-1117362 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	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

MCGILL, WILLIAM A
438 W BREVARD ST, RM 14
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WILSON, AUDIE B	1.2 NAME	DAVIS, MARVA A.	
STREET ADDRESS	3535 ROBERTS AVE #132	1.3 STREET ADDRESS	100 S. Madison Street	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Quincy, Florida 32351	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	DAVIS, MARVA A.	2.2 NAME	BAKER, DEROTHA	
STREET ADDRESS	112 NO MADISON STR	2.3 STREET ADDRESS	601 Steele Drvie	
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	Tallahassee, Florida	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, DEROTHA	3.2 NAME		
STREET ADDRESS	601 STEELE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	KEMP, BERTA	4.2 NAME		
STREET ADDRESS	RT 4 BOX 824 NA	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, CARLTON	5.2 NAME		
STREET ADDRESS	JOYNER RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIDWAY FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	MORALES-ORTIZ, MARIA B	6.2 NAME		
STREET ADDRESS	2525 PREST COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP		

APR 25 1995

DD 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William A. McGill - William A. McGill 04/28/95 (904)222-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Telephone #)