SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 709088 (9)

1. Corporation Name
CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

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: 05/01/1995
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
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 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 ____________ 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 ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	DAVIS, MARVA S A	1.2 NAME	DAVIS, ROBERT
STREET ADDRESS	100 S. MADISON ST.	1.3 STREET ADDRESS	214 AVENUE K
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	APALACHICOLA, FLORIDA 32310
TITLE	PD ☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	BAKER, DEROTHA	2.2 NAME	BROWN, CARLTON
STREET ADDRESS	601 STEELE DR.	2.3 STREET ADDRESS	JOYNER RD.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	MIDWAY, FLORIDA 32343
TITLE	VD ☐ DELETE	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	BAKER, DEROTHA	3.2 NAME	GRAHAM, ANNIE
STREET ADDRESS	601 STEELE DR	3.3 STREET ADDRESS	CHAIRES ROAD
CITY-ST-ZIP	TALLAHASSE FL	3.4 CITY-ST-ZIP	TALLHASSEE, FLORIDA
TITLE	SD ☐ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	KEMP, BERTA	4.2 NAME	SIMMONS, DEXTER
STREET ADDRESS	RT 4 BOX 824 NA	4.3 STREET ADDRESS	HIGHWAY 12
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	HAVANA, FLORIDA 32333
TITLE	D ☐ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BROWN, CARLTON	5.2 NAME	STRAUB, CHARLES
STREET ADDRESS	JOYNER RD	5.3 STREET ADDRESS	2731 BLAIRSTONE, RD. APT. 53
CITY-ST-ZIP	MIDWAY FL	5.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32301
TITLE	TD ☐ DELETE	6.1 TITLE	TD ☒ Change ☐ Addition
NAME	MORALES-ORTIZ, MARIA B	6.2 NAME	BAKER, DEROTHA
STREET ADDRESS	2525 PREST COURT	6.3 STREET ADDRESS	601 STEELE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32312

CR2E037 (3/96)

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: S/ [illegible] 06/13/96 (904) 222-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002406