FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

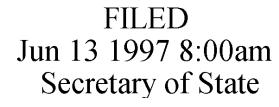
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

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(9)

CAPITAL AREA COMMUNITY ACTION AGENCY, INC.





Principal Plac	e of Business	Mailing Address						// BII B B I B	.411 81811 1881	
438 W. BREVARD ST		438 W. BREVARD ST								
P.O. BOX 1775 TALLAHASSEE FL 32302		P.O. BOX 1775 TALLAHASSEE FL 32302-1775								
TALLAIN SOLE 1	-C SESSE	THEENINGGE TE SESSETT	••			3. Date Incorporated or Qualified 06/04/1965		e of Last F 7/01/19		7
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 59-1117362			pplied For lot Applicable	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional lequired	Ī
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution		•	to Fees	_
Zip	Country	Zip	\vdash	intry		8. This corporation has liability for i	~ ~		s. 199.032,	
24	9. Name and Address of Current	29	30	 		Florida Statutes L. 10. Name and Address of New Re	Yes L			-
	9. Hame and Address of Current	r nagistarad Againt		81 Name		TO. Maile and Address of New Ne	JISTOI DU A	Seur	* ***	┥
MOONI	SOME LAKE A				Cyn	thia Threet				
	WILLIAM A REVARD ST, RM 14	82 Street Addr			Addres:	s (P.O. Box Number is Not Acceptablishest Brevard Street	le)	22		
	ISSEE FL			83	450	mest prevara ptreet	, 1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. 44		-
ואנטאור	IOOLE I L									_
#				84 City	Tal	lahassee	FL		Code 2301	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statut	es, the a	bove-named	corpor	ation submits this statement for the p		hanging	its registered	7
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga Cynthia Threet Act	of Florida. Such change was a tions of, Section 617.0503, Fl	authorize orioa⊬Sta	d by the cor tutes.	poration	's board of directors. I hereby accep	t the appoi	ntment as	registered	
SIGNATURE	Cynthia Threet Act	ing Director	(00)	te.	~	Tues 61	11/97	.,	7 ' /	
	Signature, typed or printed name of registered agen			d Agent signatur	e required	when reinstating)	DATE			╛
12.	OFFICERS AND		13/.		1	ADDITIONS/CHANGES TO OFFIC	ERS AND			96/6
TITLE	D DALMA DODERT	☐ DELETE	1.1 TI		ŀ	600000221		Change	Addition	9
NAME	DAVIS, ROBERT		1.2 N			-06/16/970100)503	4		8
STREET ADDRESS	214 AVE K			TREET ADDRESS]	***61.25				IJ
CITY-ST-ZIP TITLE	APALACHICOLA FL TD	DELETE	_	ITY-ST-ZIP	DD	OMM CARLEON	r	Change	☐ Addition	CR2E037
NAME	BAKER, DEROTHA	Z viicii	22 N		1	OWN, CARLTON		A Dilange	L. Addition	
STREET ADDRESS	601 STEELE DR.			TREET ADDRESS	1	NER ROAD				1
CITY-ST-ZIP	TALLAHASSEE FL			HTY-ST-ZIP	LIT	DWAY, FLORIDA 32343				
TITLE	VD	DELETE	3.1 TI		VD			Change	Addition	1
NAMÉ	BAKER, DEROTHA	_	3.2 N	AME	1	NIE M. GRAHAM		X ·		
STREET ADDRESS	601 STEELE DR		3.3 S	TREET ADDRESS						
CITY-ST-ZIP	TALLAHASSE FL		3.4. C	CITY-ST-ZIP	AT	. 2. BOX 313G LLAHASSEE, FLORIDA	32301			
TITLE	SD	DELETE	4.1 To	TLE	SD			Change	☐ Addition	٦.
NAME	KEMP, BERTA	•	4.21	IAME	DE	XTER SIMMONS				1
STREET ADDRESS	RT 4 BOX 824 NA		4.3 \$	TREET ADDRESS	RT	. 2. BOX 489				
CITY-ST-ZIP	HAVANA FL		4.4 C	TY-ST-ZIP	HA	VANA, FLORIDA 32333				⅃ヘ
TITLE	PD	DELETE	5.1 10	TLE	D		. [Change	Addition	V,
NAME	BROWN, CARLTON		5.2 N	AME	1	LLIE CUYLER			MW 1	٦,
STREET ADDRESS	JOYNER RD		5.3 S	freet address		30 E. ROCKY BRANCH I			10, 1	1)
CITY-ST-ZIP	MIDWAY FL			ITY-ST-ZIP	MO	NTICELLO, FLORIDA 32			4 10	_
TITLE	TD	DELETE	6.1 T)		D			Change	Addition	
NAME	MORALES-ORTIZ, MARIA B		6.2 N		MА	RY FOOTMAN (N/A))			
STREET ADDRESS	2525 PREST COURT		6.3 S	TREET ADDRESS	1		20222			
CITY-ST-ZIP	TALLAHASSEE FL	with this filing door not quali	6.4 C	ITY-ST-ZIP		LLAHASSEE, FLORIDA				_

I do nevery certify that the information supplied with this tilling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

May 23, 1997