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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32302-1775**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Cynthia Threet**
 82 Street Address (P.O. Box Number is Not Acceptable)
438 West Brevard Street, Room 22
 83
 84 City **Tallahassee** **FL** 85 Zip Code **32301**

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 **Cynthia Threet Acting Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
 NAME **DAVIS, ROBERT**
 STREET ADDRESS **214 AVE K**
 CITY-ST-ZIP **APALACHICOLA FL**

TITLE **TD** ☒ DELETE
 NAME **BAKER, DEROTHA**
 STREET ADDRESS **001 STEELE DR.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☒ DELETE
 NAME **BAKER, DEROTHA**
 STREET ADDRESS **001 STEELE DR**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☒ DELETE
 NAME **KEMP, BERTA**
 STREET ADDRESS **RT 4 BOX 824 NA**
 CITY-ST-ZIP **HAVANA FL**

TITLE **PD** ☐ DELETE
 NAME **BROWN, CARLTON**
 STREET ADDRESS **JOYNER RD**
 CITY-ST-ZIP **MIDWAY FL**

TITLE **TD** ☒ DELETE
 NAME **MORALES-ORTIZ, MARIA B**
 STREET ADDRESS **2525 PREST COURT**
 CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **600002212326** ☐ Change ☐ Addition
 1.2 NAME **-06/16/97--01005--034**
 1.3 STREET ADDRESS *****61.25**
 1.4 CITY-ST-ZIP

2.1 TITLE **TD** ☒ Change ☐ Addition
 2.2 NAME **BROWN, CARLTON**
 2.3 STREET ADDRESS **JOYNER ROAD**
 2.4 CITY-ST-ZIP **MIDWAY, FLORIDA 32343**

3.1 TITLE **VD** ☒ Change ☐ Addition
 3.2 NAME **ANNIE M. GRAHAM**
 3.3 STREET ADDRESS **RT. 2, BOX 313G**
 3.4 CITY-ST-ZIP **TALLAHASSEE, FLORIDA 32301**

4.1 TITLE **SD** ☒ Change ☐ Addition
 4.2 NAME **DEXTER SIMMONS**
 4.3 STREET ADDRESS **RT. 2, BOX 489**
 4.4 CITY-ST-ZIP **HAVANA, FLORIDA 32333**

5.1 TITLE **D** ☒ Change ☐ Addition
 5.2 NAME **WILLIE CUYLER**
 5.3 STREET ADDRESS **1230 E. ROCKY BRANCH RD.**
 5.4 CITY-ST-ZIP **MONTICELLO, FLORIDA 32344**

6.1 TITLE **D** ☒ Change ☐ Addition
 6.2 NAME **MARY FOOTMAN (N/A)**
 6.3 STREET ADDRESS **P. O. BOX 6243**
 6.4 CITY-ST-ZIP **TALLAHASSEE, FLORIDA 32308**

14. I do 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 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: **Cynthia Threet**

May 23, 1997

CR2E037 (9/96)

Handwritten: 6-13-97