FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 19 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000559

DOCUMENT # 709088

1. Corporation Name

CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

Principal Place of Business	Mailing Address
438 W. BREVARD ST TALLAHASSEE FL 32302	438 W. BREVARD ST TALLAHASSEE FL 32302

2. Principal Place of Business
21 309 Office Plaza Dr.
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, Florida 32301
24 Zip 25 Country

2a. Mailing Address
26 P. O. Box 1775
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, Florida 32302
29 Zip 30 Country

3. Date Incorporated or Qualifed: 06/04/1965

4. FEI Number: 59-1117362 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~THREET, CYNTHIA~~
~~438 W BREVARD ST, RM 22~~
~~TALLAHASSEE FL~~

10. Name and Address of New Registered Agent

81 Name: Dorothy Inman-Crews
82 Street Address (P.O. Box Number is Not Acceptable): 309 Office Plaza Drive
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: Dorothy Inman-Crews — January 27, 1999
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	1.1 TITLE		☐ Change ☐ Addition
NAME	CUYLER, WILLIE		1.2 NAME	Willie C. Cuyler	
STREET ADDRESS	1230 E. ROCKY BRANCH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, DEXTER		2.2 NAME	400002787504---2	
STREET ADDRESS	RT. 2 BOX 489		2.3 STREET ADDRESS	-02/25/99--01073--014	
CITY-ST-ZIP	HAVAN FL 32333		2.4 CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	~~VD~~	☒ DELETE	3.1 TITLE	VD	☒ Change ☒ Addition
NAME	~~NELSON, JOHN R.~~		3.2 NAME	Baker, Derotha	
STREET ADDRESS	~~875 INDEPENDENT STREET~~		3.3 STREET ADDRESS	5629 Mapleforest Drive	
CITY-ST-ZIP	~~MONTICELLO FL 32344~~		3.4 CITY-ST-ZIP	Tallahassee, Florida 32302	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GABLEHOUSE, AUSLEY ELIZABE		4.2 NAME		
STREET ADDRESS	2510 CHAMBERLIN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEEE FL 32312		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, ROBERT		5.2 NAME		
STREET ADDRESS	2038 HOLMES STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

VD 2-22-99

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Willie Cuyler — January 27, 1999 — (850) 942-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #