2002 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 23, 2002 8:00 am
Secretary of State
03-26-2002 90085 013 ****61.25

DOCUMENT # 709088

1. Entity Name

CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

Principal Place of Business	Mailing Address
309 OFFICE PLAZA DR. TALLAHASSEE FL 32301	P.O. BOX 1775 TALLAHASSEE FL 32302

24955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
309 Office Plaza Drive	P.O. Box 1775
Suite, Apt. #, etc.: n/a	Suite, Apt. #, etc.: n/a
City & State: Tallahassee, Florida 32302	City & State: Tallahassee, Florida 32302
Zip: 32302 / Country	Zip: 32302 / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INMAN-CREWS, DOROTHY 309 OFFICE PLAZA DR. TALLAHASSEE FL 32301	Name: Mrs. Dorothy Inman-Johnson Street Address (P.O. Box Number is Not Acceptable): 309 Office Plaza Drive P.O. Box 1775 City: Tallahassee **FL** Zip Code: 32302

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUYLER, WILLIE C 1230 E. ROCKY BRANCH ROAD MONTICELLO FL 32344	☒ Delete	Chairman Charles J. Parrish P.O. Box 171 Lloyd, Florida 32304 Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMMONS, DEXTER RT. 2 BOX 489 HAVAN FL 32333	☒ Delete	Treasurer, Gracie Leland 14988 Leland Circle Tallahassee, Florida 32308 Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BAKER, DEROTHA 5629 MAPLEFOREST DRIVE TALLAHASSEE FL 32302	☒ Delete	Vice Chairman Gerrold Austin P.O. Box 606 Monticello, Florida 32345 Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GABLEHOUSE, AUSLEY ELIZABE 2510 CHAMBERLIN DRIVE TALLAHASSEEE FL 32312	☒ Delete	Secretary Sylnovia Woodson 345 Cherokee Drive Havana, Florida 32333 Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, ROBERT 2038 HOLMES STREET TALLAHASSEE FL 32310	☒ Delete	Member - at - Large Elder Robert Lewis 418 West 4th Avenue apt. A 6 Tallahassee Florida 32304 Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PARRISH, CHARLES J P O BOX 171 LLOYD FL 32304	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Inman-Johnson, Mrs. Dorothy Inman-Johnson, Executive Director 3-22-02 (850) 222-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #