2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-26-2004 90011 018 ****61.25

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DOCUMENT # 709088

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

Principal Place of Business	Mailing Address
CAPITAL AREA COMMUNITY TALLAHASSEE, FL 32302	309 OFFICE PLAZA DR. TALLAHASSEE, FL 32302

02022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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

INMAN-CREWS, DOROTHY
309 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRISH, CHARLES J P O BOX 171 LLOYD, FL 32304	☒ Delete	John Paul Bailey 2316 Geri Ann Lane Tallahassee, Florida 32303	☑ Change ☐ Addition Chairman of the Board
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LELAND, GRACIE 14988 LELAND CIRICLE TALLAHASSEE, FL 32308 SAME	☐ Delete	Ms. Tess Tomasi 542 East Georgia Street Tallahassee, Florida 32312	☐ Change ☑ Addition Vice Chair
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD AUSTIN, GERROLD P O BOX 606 MONTICELLO, FL 32345	☑ Delete	Mrs. Virginia Pinkney 3745 W. Shamrock Tallahassee, Florida 32308	☑ Change ☑ Addition Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARKLEY, JACQUELINE 689 W. 6TH AVE. TALLAHASSEE, FL 32303	☒ Delete	Mr. Charles J. Parrish P.O. Box 171 Lloyd, Florida 32344	☑ Change ☐ Addition member-at-Large
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR GOVANS, JOHN 1683 SILVERWOOD DR. TALLAHASSEE, FL 32303	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Dot Inman Johnson 2-3-04 850/222-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #