2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90027 016 ****70.00

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~~

02162005 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: 32301 / 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: *INMAN-JOHNSON, DOROTHY* Street Address (P.O. Box Number is Not Acceptable): *309 OFFICE PLAZA DRIVE* City: *TALLAHASSEE* **FL** Zip Code: *32301*

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: *Dot Inman Johnson* 2-16-05
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, 2005

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	COB BAILEY, JOHN PAUL 2316 GERI ANN LANE TALLAHASSEE, FL 32303	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC TOMASI, TESS MS. ~~542 EAST GEORGIA ST~~. TALLAHASSEE, FL 32312	☐ Delete	*VC* *TOMASI, TESS MS* *706 TRUETT DRIVE, TALLAHASSEE, 32303*	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PINKNEY, VIRGINIA MRS. 3745 W SHAMROCK TALLAHASSEE, FL 32308	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAL PARRISH, CHARLES J MR. P.O. BOX 171 MONTICELLO, FL 32344	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	*TD* *THOMAS, PATTY BALL DR.* *FAMU, GORE COMPLEX, 301-A, Tallahassee 32307*	☐ 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* 2-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #