2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709088

FILED Jan 18, 2007 Secretary of State

Entity Name: CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business:

CAPITAL AREA COMMUNITY ACTION AGENCY, INC. 309 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

309 OFFICE PLAZA DR TALLAHASSEE, FL 32301

FEI Number: 59-1117362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INMAN-JOHNSON, DOROTHY 309 OFFICE PLAZÁ DR. TALLAHASSEE, FL 32301 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COB () Delete (X) Change () Addition BAILEY, JOHN PAUL THOMAS, PATTY BALL DR. Name: Name: 2316 GERI ANN LANE Address: FAMU, GORE COMPLEX,301-A Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32307

Title: VC Title: () Delete () Change () Addition

DAVIS, ANITA MS. Name: Name: Address: 708 BRAGG DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition GONZALEZ, CHERYL MS. PINKNEY, VIRGINIA MRS. Name: Name: 3745 W. SHAMROCK Address: POST OFFICE BOX 5614 Address: City-St-Zip: TALLAHASSEE, FL 323145614 City-St-Zip: TALLAHASSEE, FL 32309

Title: MAL () Delete Title: MAL (X) Change () Addition

PARRISH, CHARLES J MR. Name: Name: SHAW, SEAN MR. Address: P.O. BOX 171 Address: P.O. BOX 1876 City-St-Zip: LLOYD, FL 32337 City-St-Zip: TALLAHASSEE, FL 32302

Title: () Delete Title: (X) Change () Addition

THOMAS, PATTY B DR CROOM, BETTY MRS. Name: Name: FAMU, GORE COMPLEX, 301-A 11 ELLIS VAN VLEET STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32307 City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY INMAN-JOHNSON ED 01/18/2007