2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# 709088

Entity Name: CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

Current Principal Place of Business:

309 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

309 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301

New Mailing Address:

309 OFFICE PLAZA DRIVE
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	COB	( ) Delete
Name:	THOMAS, PATTY BALL DR.	
Address:	FAMU, GORE COMPLEX,301-A	
City-St-Zip:	TALLAHASSEE, FL 32307	
Title:	VC	( ) Delete
Name:	DAVIS, ANITA MS.	
Address:	708 BRAGG DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	SEC	( ) Delete
Name:	PINKNEY, VIRGINIA MRS.	
Address:	3745 W. SHAMROCK	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	MAL	( ) Delete
Name:	SHAW, SEAN MR.	
Address:	P.O. BOX 1876	
City-St-Zip:	TALLAHASSEE, FL 32302	
Title:	TD	( ) Delete
Name:	CROOM, BETTY MRS.	
Address:	11 ELLIS VAN VLEET STREET	
City-St-Zip:	APALACHICOLA, FL 32320	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: SANDHYA SATHE FD 01/29/2008

Electronic Signature of Signing Officer or Director — Date