

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709088

FILED
Jan 30, 2009
Secretary of State

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 DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

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: SEC (X) Change () Addition
Name: NYMEYER, TRACY V MS.
Address: 4081 KIMBERLY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MAL (X) Change () Addition
Name: SHAW, SEAN MR.
Address: 1997 MAYMEADOW LANE
City-St-Zip: TALLAHASSEE, FL 32303

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

01/30/2009

Electronic Signature of Signing Officer or Director

Date