2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2010
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 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
Name: THOMAS, PATTY BALL DR.
Address: FAMU, GORE COMPLEX,301-A
City-St-Zip: TALLAHASSEE, FL 32307

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

Title: SEC
Name: HALL, GENE MR.
Address: 935 BRANCH STREET
City-St-Zip: MONTICELLO, FL 32344

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

Title: TD
Name: CROOM, BETTY MRS.
Address: 11 ELLIS VAN VLEET STREET
City-St-Zip: APALACHICOLA, FL 32320

I hereby 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 all other like empowered.

SIGNATURE: SANDHYA SATHE FD 02/02/2010

Electronic Signature of Signing Officer or Director — Date