2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State
03-25-2003 90074 003 ****61.25

DOCUMENT # 709088

1. Entity Name
CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

Principal Place of Business	Mailing Address
309 OFFICE PLAZA DR. TALLAHASSEE FL 32301	P.O. BOX 1775 TALLAHASSEE FL 32302

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Capital Area Community	309 Office Plaza Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahssee, Florida	City & State: Tallahassee, Florida
Zip: 32302 Country: Leon	Zip: 32302 Country: Leon

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
~~Johnson~~ INMAN-~~GREWS~~, DOROTHY 309 OFFICE PLAZA DR. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	D PARRISH, CHARLES J P O BOX 171 LLOYD FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LELAND, GRACIE 14988 LELAND CIRICLE TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD AUSTIN, GERROLD P O BOX 606 MONTICELLO FL 32345	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOODSON, SYLNOVIA 345 CHEROKEE DRIVE HAVANA FL 32333	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jacqueline Barkley 689 West 6th Avenue Tallahassee, Florida 32303 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR LEWIS, ELDER ROBERT 418 WEST 4TH AVE APT A-6 TALLAHASSEE FL 32304	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR John Govans 1683 Silverwood Drive Tallahassee, Florida 32303 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 CEO 3-17-03 850/222-2043