

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N46751** (6)

1. Corporation Name

**CITIZENS FOR POSITIVE AFFIRMATION, INC.**



Principal Place of Business

Mailing Address

5045 SOUTEL DRIVE  
SUITE 00  
JACKSONVILLE FL 32208

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SUITE 00  
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified  
**01/09/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **410 Broad St.**

2a. Mailing Address  
26 **Same**

4. FEI Number  
**59-3119580**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **Suite 208**

Suite, Apt. #, etc.  
27 **Same**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23 **Jacksonville, FL**

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
24 **32202**

Country  
25 **Duval**

Zip  
29 **32202**

Country  
30 **Duval**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESTELL, REGINALD JR.  
1807 KEY BISCAWAY WAY  
JACKSONVILLE FL 32218**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REDDICK, JOSPEH A REV</b>	1.2 NAME	<b>REV. JOHN PERRY</b>
STREET ADDRESS	<b>1943 COLLEGE CIRCLE NORTH</b>	1.3 STREET ADDRESS	<b>2320 TOURIST STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32208</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINISTER, EDDIE X</b>	2.2 NAME	<b>Rev. S. S. Robinson</b>
STREET ADDRESS	<b>8833 S OLD KINGS ROAD / STE 1205</b>	2.3 STREET ADDRESS	<b>1717 Seminary Street</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32209</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, ANNIE</b>	3.2 NAME	<b>Flora F. Peterson</b>
STREET ADDRESS	<b>3892 MONCREIF ROAD WEST</b>	3.3 STREET ADDRESS	<b>8130 Village Gate Ct.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, S. S JR.</b>	4.2 NAME	<b>Henry Simmons</b>
STREET ADDRESS	<b>1717 SEMINARY STREET</b>	4.3 STREET ADDRESS	<b>1168 West 29th Street</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32209</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBINSKY, REED</b>	5.2 NAME	<b>Rev. Ruby Lowe</b>
STREET ADDRESS	<b>11447 SARASOTA LANE</b>	5.3 STREET ADDRESS	<b>2174 West 30th Street</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32209</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMMONS, HENRY D</b>	6.2 NAME	<b>Gwendola Jones</b>
STREET ADDRESS	<b>1168 W 29TH STREET</b>	6.3 STREET ADDRESS	<b>6526 Manhattan Drive</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	<b>Jacksonville, FL 32219</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Rev. D.J. Reddick* **REV. D.J. REDDICK** 4/30/96 (904) 355-1550  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)