

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

5045 SOUTEL DRIVE
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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	REDDICK, JOSPEH A REV
STREET ADDRESS	1943 COLLEGE CIRCLE NORTH
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MINISTER, EDDIE X
STREET ADDRESS	8833 S OLD KINGS ROAD / STE 1205
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BROWN, ANNIE
STREET ADDRESS	3892 MONCREIF ROAD WEST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBINSON, S. S JR.
STREET ADDRESS	1717 SEMINARY STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ROBINSKY, REED
STREET ADDRESS	11447 SARASOTA LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMMONS, HENRY D
STREET ADDRESS	1188 W 29TH STREET
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REV. JOHN PERRY
1.3 STREET ADDRESS	2320 TOURIST STREET
1.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32208
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rev. S. S. Robinson
2.3 STREET ADDRESS	1717 Seminary Street
2.4 CITY - ST - ZIP	Jacksonville, FL 32209
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Flora F. Peterson
3.3 STREET ADDRESS	8130 Village Gate Ct.
3.4 CITY - ST - ZIP	Jacksonville, FL 32217
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Henry Simmons
4.3 STREET ADDRESS	1168 West 29th Street
4.4 CITY - ST - ZIP	Jacksonville, FL 32209
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rev. Ruby Lowe
5.3 STREET ADDRESS	2174 West 30th Street
5.4 CITY - ST - ZIP	Jacksonville, FL 32209
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gwendola Jones
6.3 STREET ADDRESS	6526 Manhattan Drive
6.4 CITY - ST - ZIP	Jacksonville, FL 32219

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)