

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 30 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

410 BROAD ST.  
STE. 208  
JACKSONVILLE FL 32202  
US

410 BROAD ST.  
STE. 208  
JACKSONVILLE FL 32202-4800  
US

3. Date Incorporated or Qualified <b>01/09/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3119580</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (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>ANNIE V. BROWN</b>	
STREET ADDRESS <b>1943 COLLEGE CIRCLE NORTH</b>		1.3 STREET ADDRESS <b>3893 MONCREIF ROAD W.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32209</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>ASD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROBINSON, REV. S S.</b>		2.2 NAME <b>REV. MARVA TISDALE</b>	
STREET ADDRESS <b>1717 SEMINARY ST.</b>		2.3 STREET ADDRESS <b>8038 ALMAR PLACE</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32208</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PETERSON, FLORA F</b>		3.2 NAME <b>GWENDOLA JONES</b>	
STREET ADDRESS <b>8130 VILLAGE GATE CT.</b>		3.3 STREET ADDRESS <b>6526 MANHATTAN DR.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32209</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SIMMONS, HENRY</b>		4.2 NAME <b>REV. JOHN PERRY</b>	
STREET ADDRESS <b>1168 W. 29TH ST.</b>		4.3 STREET ADDRESS <b>2320 TOURIST STREET</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32208</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LOWE, RE. R</b>		5.2 NAME <b>REV. WILLIAM H. LIPROT</b>	
STREET ADDRESS <b>2174 W. 30TH ST.</b>		5.3 STREET ADDRESS <b>2330 W. 18th STREET</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		5.4 CITY-ST-ZIP <b>JACKSONVILLE, FLORIDA 32208</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMMONS, HENRY D</b>		6.2 NAME	
STREET ADDRESS <b>1168 W 29TH STREET</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/27/97**

Date

**(904) 353-0709**

Daytime Phone 0003901

CR2E037 (9/96)