## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 709088** 

Entity Name: CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

**FILED** Feb 12, 2018 **Secretary of State** CC7083299552

Date

## **Current Principal Place of Business:**

309 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301

## **Current Mailing Address:**

309 OFFICE PLAZA DRIVE TALLAHASSEE. FL 32301

FEI Number: 59-1117362 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CENTER, TIMOTHY J ESQ. 309 OFFICE PLAZA DR. TALLAHASSEE, FL 32301 US

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: TIMOTHY J CENTER 02/12/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title CHIEF FISCAL OFFICER

ROSS, HAROLD DEAN, AK Name Name

309 OFFICE PLAZA DR. 309 OFFICE PLAZA DRIVE Address Address City-State-Zip: TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 City-State-Zip:

Title VC Title **CHAIRMAN** 

Name JENNINGS, DERRICK MCELROY, CHRISTY Name

Address 430 MARTIN LUTHER KING JR Address 1311 WOODWARD AVENUE

**AVENUE** PORT ST. JOE FL 32456

City-State-Zip: City-State-Zip: MONTICELLO FL 32344

Title **TREASURER** 

Name PALMER SMITH, KARA

**CAREERSOURCE** Address

325 JOHN KNOX ROAD ATRIUM 102

TALLAHASSEE FL 32303 City-State-Zip:

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.

02/12/2018 SIGNATURE: CHRISTY MCELROY **CHAIRMAN**