2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2021
Secretary of State
4776361904CC

DOCUMENT# 709088

Entity Name: CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

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 02/04/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	MESSERSMITH, QUINCE
Address	WAKULLA COUNTY COMMISSION 18 GULF BREEZE DRIVE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	CHAIRMAN
Name	JENNINGS, DERRICK
Address	1095 1ST STREET
City-State-Zip:	MONTICELLO FL 32344

Title	TREASURER
Name	PALMER SMITH, KARA
Address	CAREERSOURCE CAPITAL REGION 2639 NORTH MONROE STREET BUILDING C, SUITE 100
City-State-Zip:	TALLAHASSEE FL 32303

Title	CHIEF FISCAL OFFICER
Name	DEAN, A K
Address	309 OFFICE PLAZA DRIVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	VC
Name	COUCH, BRENT
Address	3711 SHAMROCK STREET, WEST 0-271
City-State-Zip:	TALLAHASSEE FL 32309

Title	CEO
Name	CENTER, TIM
Address	309 OFFICE PLAZA DRIVE
City-State-Zip:	TALLAHASSEE FL 32301

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.

SIGNATURE: TIM CENTER CEO 02/04/2021

Electronic Signature of Signing Officer/Director Detail — Date