

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 708809**

1. Entity Name  
**COMMUNITY ACTION PROGRAM COMMITTEE, INC.**



**FILED  
Feb 22, 2006 8:00 am  
Secretary of State**

02-22-2006 90016 025 \*\*\*\*61.25



01252006 Chg-NP CR2E037 (11/05)

Principal Place of Business  
**1308 WEST GARDEN STREET  
POST OFFICE BOX 628  
PENSACOLA, FL 32523**

Mailing Address  
**1308 WEST GARDEN STREET  
POST OFFICE BOX 628  
PENSACOLA, FL 32523**

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-1118735</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**TRIMBLE, BRENDA  
2299 SCENIC HWY S6  
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee Is \$81.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C. JERRALS, JOHN 101 ESCALONA STREET PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED TRIMBLE, BRENDA 2299 SCENIC HWY S6 PENSACOLA, FL 32503</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ARMSTRONG, MARY 1007 WEST FISHER STREET PENSACOLA, FL 32501</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TEGENKAMP, ROBERT 1076 CANDLEWOOD CIRCLE PENSACOLA, FL 32514</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KAMP, ROBERT 1076 CANDLEWOOD CIRCLE PENSACOLA, FL 32514</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jenkins, Elmer, Dr. VC 1003 East Hayes Street Pensacola, Florida 32503</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*2/16/06*

(850)438-4021

SIGNATURE: *Dawn Trimble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

## COMMUNITY ACTION PROGRAM COMMITTEE, INC.

Helping People, Changing Lives

40016326

# 708809  
February 17, 2006

### Board of Directors

CHAIRMAN  
John Jerralds

VICE CHAIRMAN  
Dr. Elmer Jenkins

TREASURER  
Dr. Robert Tegenkamp, Sr.

SECRETARY  
Mary Armstrong

Dr. Marilyn Robinson  
Catherine Harrison  
Lols Benson  
Janet Holley  
Mary Williams  
Marie Young  
Juan Gonzalez  
Joe Mack

Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Executive Director  
Brenda Trimble

Community Services  
1308 West Garden Street  
P.O. Box 628 32591  
Pensacola, Florida 32501  
(850) 438-4021  
Fax No: (850) 438-0121

Head Start Program  
710 North "C" Street  
Pensacola, Florida 32501  
(850) 432-2992  
Fax No: (850) 438-6742

Dear Sir/Madam:

Please find enclosed our 2006 Not-For-Profit Corporation Annual Report Form and a check in the amount of \$61.25 to cover the fee.

If you have any questions, please feel free to contact our Chief Financial Officer, Janet Saunders, at (850) 438-4021, Extension 12.

Sincerely,

*Agnes Doering*

Agnes Doering  
Director of Community  
Service Programs

Enclosures