



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 708809 1. Entity Name COMMUNITY ACTION PROGRAM COMMITTEE, INC.					
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01252006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1118735	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JERRALS, JOHN 101 ESCALONA STREET PENSACOLA, FL 32503 <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	ED TRIMBLE, BRENDA 2299 SCENIC HWY S6 PENSACOLA, FL 32503 <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	S ARMSTRONG, MARY 1007 WEST FISHER STREET PENSACOLA, FL 32501 <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	T TEGENKAMP, ROBERT 1076 CANDLEWOOD CIRCLE PENSACOLA, FL 32514 <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	T KAMP, ROBERT 1076 CANDLEWOOD CIRCLE PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jenkins, Elmer, Dr. VC 1003 East Hayes Street Pensacola, Florida 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED-OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 2/16/06 Daytime Phone #: (850)438-4021	

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
Lois 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

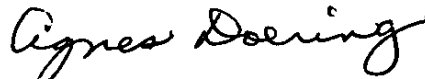
Head Start Program
710 North "C" Street
Pensacola, Florida 32501
(850) 432-2992
Fax No: (850) 438-6742

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
Director of Community
Service Programs

Enclosures