

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708809

FILED
Aug 14, 2009
Secretary of State

Entity Name: COMMUNITY ACTION PROGRAM COMMITTEE, INC.

Current Principal Place of Business:

1380 N PALAFOX ST
POST OFFICE BOX 628
PENSACOLA, FL 32523

New Principal Place of Business:

1380 N PALAFOX ST
1380 NORTH PALAFOX STREET
PENSACOLA, FL 32501

Current Mailing Address:

1380 N PALAFOX ST
POST OFFICE BOX 628
PENSACOLA, FL 32523

New Mailing Address:

FEI Number: 59-1118735 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRIMBLE, BRENDA
3304 MARCUS DRIVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: YOUNG, MARIE
Address: 800 W LEE ST
City-St-Zip: PENSACOLA, FL 32501

Title: ED () Delete
Name: TRIMBLE, BRENDA
Address: 3304 MARCUS DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: GONZALEZ, JUAN
Address: 5555 SAN GABRIEL DR
City-St-Zip: PENSACOLA, FL 32504

Title: T () Delete
Name: MCARROY, RICKY
Address: 232 AQUAMARINE AVE
City-St-Zip: PENSACOLA, FL 32505

Title: VC () Delete
Name: STAFFORD, DAVID
Address: 213 PALAFOX PL STE 4
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ARMSTRONG, MARY
Address: 1007 WEST FISHER STREET
City-St-Zip: PENSACOLA, FL 32501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRENDA TRIMBLE

ED

08/14/2009

Electronic Signature of Signing Officer or Director

Date