2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708809

FILED Jan 21, 2010 Secretary of State

Entity Name: COMMUNITY ACTION PROGRAM COMMITTEE, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

1380 N PALAFOX ST
POST OFFICE BOX 628
PENSACOLA, FL 32591

FEI Number: 59-1118735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIMBLE, BRENDA 3304 MARCUS DRIVE PENSACOLA, FL 32503 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

Name: YOUNG, MARIE
Address: 800 W LEE ST

City-St-Zip: PENSACOLA, FL 32501

Title: ED

Name: TRIMBLE, BRENDA
Address: 3304 MARCUS DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: S

Name: ARMSTRONG, MARY
Address: 1007 WEST FISHER STREET
City-St-Zip: PENSACOLA, FL 32501

Title: T

Name: MCAROY, RICKY
Address: 232 AQUAMARINE AVE
City-St-Zip: PENSACOLA, FL 32505

Title: VC

Name: STAFFORD, DAVID
Address: 213 PALAFOX PL STE 4
City-St-Zip: PENSACOLA, FL 32502

Title: AS

Name: LUMAN, MAY

Address: 920 WEST GREGORY STREET City-St-Zip: PENSACOLA, FL 32501

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: BRENDA TRIMBLE ED 01/21/2010