

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709088

FILED  
Mar 07, 2006  
Secretary of State

**Entity Name:** CAPITAL AREA COMMUNITY ACTION AGENCY, INC.

**Current Principal Place of Business:**

CAPITAL AREA COMMUNITY  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

CAPITAL AREA COMMUNITY ACTION AGENCY, INC.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

309 OFFICE PLAZA DR.  
TALLAHASSEE, FL 32302

**New Mailing Address:**

309 OFFICE PLAZA DR.  
TALLAHASSEE, FL 32301

**FEI Number:** 59-1117362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INMAN-JOHNSON, DOROTHY  
309 OFFICE PLAZA DR.  
TALLAHASSEE, FL 32301 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: COB ( ) Delete  
Name: BAILEY, JOHN PAUL  
Address: 2316 GERI ANN LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VC ( ) Delete  
Name: TOMASI, TESS MS.  
Address: 706 TRUETT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: PINKNEY, VIRGINIA MRS.  
Address: 3745 W SHAMROCK  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MAL ( ) Delete  
Name: PARRISH, CHARLES J MR.  
Address: P.O. BOX 171  
City-St-Zip: MONTICELLO, FL 32344

Title: TD ( ) Delete  
Name: THOMAS, PATTY B DR  
Address: FAMU, GORE COMPLEX, 301-A  
City-St-Zip: TALLAHASSEE, FL 32307

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VC (X) Change ( ) Addition  
Name: DAVIS, ANITA MS.  
Address: 708 BRAGG DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: SEC (X) Change ( ) Addition  
Name: GONZALEZ, CHERYL MS.  
Address: POST OFFICE BOX 5614  
City-St-Zip: TALLAHASSEE, FL 323145614

Title: MAL (X) Change ( ) Addition  
Name: PARRISH, CHARLES J MR.  
Address: P.O. BOX 171  
City-St-Zip: LLOYD, FL 32337

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHY INMAN-JOHNSON

MS.

03/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date