

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709088

FILED  
Jan 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

309 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

309 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-1117362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: THOMPSON, THOMAS R MR.  
Address: 1330 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SEC  
Name: HALL, EUGENE MR.  
Address: 935 BRANCH STREET  
City-St-Zip: MONTICELLO, FL 32344 US

Title: MAL  
Name: GARCIA, FABIOLA MS.  
Address: 582 JUNIPER ROAD  
City-St-Zip: QUINCY, FL 32351 US

Title: TD  
Name: STUCKS, ALLEN D SR  
Address: 2414 MEXIE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: VCOB  
Name: NEWSOME, JOHN R III  
Address: 3701 LIFFORD CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309 US

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: SANDHYA SATHE

FD

01/03/2012

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

\_\_\_\_\_  
Date