

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768327

FILED  
May 10, 2007  
Secretary of State

Entity Name: C.A.P., INC.

**Current Principal Place of Business:**

401 E MARTIN LUTHER KING DR  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 E MARTIN LUTHER KING DR  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

FEI Number: 59-2299047      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:**

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

ARCHIE, DAVID O  
401 E MARTIN LUTHER KING DR  
TARPON SPRINGS, FL 34689 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: VD ( ) Delete  
Name: ROBERTS, LINDA  
Address: 401 MEADOW  
City-St-Zip: OLDSMAR, FL

Title: SD ( ) Delete  
Name: TAYLOR, MAGGIE  
Address: 518 S DISSTON AVE  
City-St-Zip: TARPON SPRINGS, FL

Title: TD ( ) Delete  
Name: GADSON, GALE  
Address: 506 E. BOYER ST  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PR ( ) Delete  
Name: COLE, ED L SR  
Address: 430 HISBISCUS STREET APT. D  
City-St-Zip: TARPON SPRINGS, FL 34689 US

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

Title: VD (X) Change ( ) Addition  
Name: WALKER, ROBERT  
Address: 635 S. LEVIS AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD (X) Change ( ) Addition  
Name: JOHNSTON, KENNETH  
Address: 1012 TEAL POINTE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD (X) Change ( ) Addition  
Name: CUMMINGS-JOHN, EUSTACE  
Address: 1120 RIVEREDGE DRIVE NO.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PR (X) Change ( ) Addition  
Name: COLE, CRISPIN  
Address: 1911 HIGHVIEW  
City-St-Zip: PALM HARBOR, FL 34683 US

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: DAVID O. ARCHIE

ED

05/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date