

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768327

FILED
Sep 11, 2008
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: WALKER, ROBERT
Address: 635 S. LEVIS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HARRIS, ANTHONY
Address: 30025 PLAYA DEL REY LANE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: SD (X) Change () Addition
Name: MILES, MAGGIE
Address: 534 BERKLEY AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD (X) Change () Addition
Name: COLE, ED
Address: 430 HIBISCUS STREET, APT. D
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: PR (X) Change () Addition
Name: DABBS, ANNIE
Address: 803 S. DISSTON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 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

09/11/2008

Electronic Signature of Signing Officer or Director

Date