

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007240

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: CITIZENS ACTION PROJECT, INC.

**Current Principal Place of Business:**

905 EAST NEW HAVEN AVE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1974  
MELBOURNE, FL 32902

**New Mailing Address:**

FEI Number: 75-3135934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHILDS, BARRY W  
2013 VERNON PLACE  
MELBOURNE, FL 32901 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: PTD ( ) Delete  
Name: CHILDS, BARRY W  
Address: 2013 VERNON PLACE  
City-St-Zip: MELBOURNE, FL 32901

Title: VD ( ) Delete  
Name: APLIN, KEVIN  
Address: 2613 LARRY CT.  
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete  
Name: MITES, ALVIN  
Address: 1624 BALTIMORE AVE  
City-St-Zip: DELTONA, FL 32725

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

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

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

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 Section 119.07(3)(i), 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: BARRY WAYNE CHILDS

PTD

04/30/2005

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

\_\_\_\_\_  
Date