2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2005
Secretary of State

DOCUMENT# N04000010787

Entity Name: COMMUNITY ADVANCEMENT CORPORATION

Current Principal Place of Business:

1664 RIFLE RANGE ROAD, WAHNETA
WINTER HAVEN, FL 33883

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2963
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

COX, NORMAN
1664 RIFLE RANGE ROAD, WAHNETA
WINTER HAVEN, FL 33883 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: DP ( ) Delete
Name: COX NORMAN,
Address: P.O. BOX 2963
City-St-Zip: WINTER HAVEN, FL 33883

Title: DVP ( ) Delete
Name: COX, CLARA R.
Address: P.O. BOX 2963
City-St-Zip: WINTER HAVEN, FL 33883

Title: DT ( ) Delete
Name: DUNN, JOHN
Address: P.O. BOX 2963
City-St-Zip: WINTER HAVEN, FL 33883

Title: DS ( ) Delete
Name: MCLEOD, MIKE
Address: P.O. BOX 2963
City-St-Zip: WINTER HAVEN, FL 33883

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: COX, CLARA R
Address: P.O. BOX 2963
City-St-Zip: WINTER HAVEN, FL 33883

Title: DT (X) Change ( ) Addition
Name: BREWER, CHRIS
Address: P.O. BOX 2963
City-St-Zip: WINTER HAVEN, FL 33883

Title: DS (X) Change ( ) Addition
Name: COLLINS, BRANDON
Address: P.O. BOX 2963
City-St-Zip: WINTER HAVEN, FL 33883

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: NORMAN COX PAST 09/03/2005
Electronic Signature of Signing Officer or Director — Date