

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90411 008 ****70.00

DOCUMENT # N05000002611 1. Entity Name CHRISTIAN ALLIANCE FOR PROGRESS, INC.					
Principal Place of Business 2118 PARK STREET JACKSONVILLE, FL 32204			Mailing Address 2118 PARK STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business 1754 Furman Road Suite, Apt. #, etc.		3. Mailing Address PO Box 40495 Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 87-0741975	
Zip 32207		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREBUS, KATHLEEN L 2118 PARK STREET JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name <u>Holly Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>8440 Graybar Drive</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32221</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Holly L. Johnson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Holly L. Johnson</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4-19-06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MROTEK, PATRICK J 1867 SHADOWLAWN STREET JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Timothy F. Simpson President 1754 Furman Road Jacksonville FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLISTER, RUTH A 3527 OAK STREET JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer/Secretary Holly Johnson 8440 Graybar Drive Jacksonville FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRATT, GWINE 4638 RAMON BLVD. JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Elizabeth O'Neill 8790 Vaughn Road Montgomery AL 36117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Timothy F. Simpson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-19-06</u> <u>904-737-3906</u> <small>Date Daytime Phone #</small>		