

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46751 (6)

1. Corporation Name

CITIZENS FOR POSITIVE AFFIRMATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/09/1992	3a. Date of Last Report 06/01/1994
4. FEI Number 59-3119580	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
5045 SOUTEL DRIVE SUITE 80 JACKSONVILLE FL 32208		5045 SOUTEL DRIVE SUITE 80 JACKSONVILLE FL 32208	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**ESTELL, REGINALD JR.
1807 KEY BISCAYNE WAY
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	REDDICK, JOSEPH A REV	1.2 NAME	
STREET ADDRESS	1943 COLLEGE CIRCLE NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MINISTER, EDDIE X	2.2 NAME	
STREET ADDRESS	8833 S OLD KINGS ROAD / STE 1205	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ANNIE	3.2 NAME	
STREET ADDRESS	3892 MONCREIF ROAD WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WILLYE, DENNIS	4.2 NAME	
STREET ADDRESS	2421 GRAND STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSKY, REED	5.2 NAME	
STREET ADDRESS	11447 SARASOTA LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	MATHEWS, EARL	6.2 NAME	
STREET ADDRESS	1648 WEST 45TH STREET / STE 144	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A.J. Reddick

A.J. REDDICK, PRESIDENT

4/27/95 (904) 533-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 2