

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46751 (6)

1. Corporation Name

CITIZENS FOR POSITIVE AFFIRMATION, INC.



Principal Place of Business

Mailing Address

5045 SOUTEL DRIVE
SUITE 80
JACKSONVILLE FL 32208

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SUITE 80
JACKSONVILLE FL 32208

3. Date Incorporated or Qualified
01/09/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
410 Broad St.

2a. Mailing Address
Same

4. FEI Number
59-3119580

Applied For
Not Applicable

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Same

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
Jacksonville, FL

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
32202

Country
Duval

Zip
32202

Country
Duval

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **REDDICK, JOSEPH A REV**
STREET ADDRESS **1943 COLLEGE CIRCLE NORTH**
CITY-STATE-ZIP **JACKSONVILLE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **REV. JOHN PERRY**
1.3 STREET ADDRESS **2320 TOURIST STREET**
1.4 CITY-STATE-ZIP **JACKSONVILLE, FLORIDA 32208**

TITLE **VD** ☒ DELETE
NAME **MINISTER, EDDIE X**
STREET ADDRESS **8833 S OLD KINGS ROAD / STE 1205**
CITY-STATE-ZIP **JACKSONVILLE FL**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Rev. S. S. Robinson**
2.3 STREET ADDRESS **1717 Seminary Street**
2.4 CITY-STATE-ZIP **Jacksonville, FL 32209**

TITLE **SD** ☒ DELETE
NAME **BROWN, ANNIE**
STREET ADDRESS **3892 MONCREIF ROAD WEST**
CITY-STATE-ZIP **JACKSONVILLE FL**

3.1 TITLE **Secretary** ☐ Change ☒ Addition
3.2 NAME **Flora F. Peterson**
3.3 STREET ADDRESS **8130 Village Gate Ct.**
3.4 CITY-STATE-ZIP **Jacksonville, FL 32217**

TITLE **D** ☐ DELETE
NAME **ROBINSON, S. S JR.**
STREET ADDRESS **1717 SEMINARY STREET**
CITY-STATE-ZIP **JACKSONVILLE FL**

4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME **Henry Simmons**
4.3 STREET ADDRESS **1168 West 29th Street**
4.4 CITY-STATE-ZIP **Jacksonville, FL 32209**

TITLE **TD** ☒ DELETE
NAME **ROBINSKY, REED**
STREET ADDRESS **11447 SARASOTA LANE**
CITY-STATE-ZIP **JACKSONVILLE FL**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Rev. Ruby Lowe**
5.3 STREET ADDRESS **2174 West 30th Street**
5.4 CITY-STATE-ZIP **Jacksonville, FL 32209**

TITLE **D** ☐ DELETE
NAME **SIMMONS, HENRY D**
STREET ADDRESS **1168 W 29TH STREET**
CITY-STATE-ZIP **JACKSONVILLE FL**

6.1 TITLE **Director** ☐ Change ☒ Addition
6.2 NAME **Gwendola Jones**
6.3 STREET ADDRESS **6526 Manhattan Drive**
6.4 CITY-STATE-ZIP **Jacksonville, FL 32219**

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Rev. D.J. Reddick Rev. D.J. Reddick 4/30/96 (904) 355-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)