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May 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

410 BROAD ST.
STE. 208
JACKSONVILLE FL 32202
US

410 BROAD ST.
STE. 208
JACKSONVILLE FL 32202-4800
US

3. Date Incorporated or Qualified
01/09/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3119580

Applied For
Not Applicable

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

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

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, JOSPEH A REV
STREET ADDRESS 1943 COLLEGE CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ANNIE V. BROWN
1.3 STREET ADDRESS 3893 MONCREIF ROAD W.
1.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32209

TITLE VP ☐ DELETE
NAME ROBINSON, REV. S S.
STREET ADDRESS 1717 SEMINARY ST.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ASD ☐ Change ☒ Addition
2.2 NAME REV. MARVA TISDALE
2.3 STREET ADDRESS 8038 ALMAR PLACE
2.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32208

TITLE S ☐ DELETE
NAME PETERSON, FLORA F
STREET ADDRESS 8130 VILLAGE GATE CT.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GWENDOLA JONES
3.3 STREET ADDRESS 6526 MANHATTAN DR.
3.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32209

TITLE T ☐ DELETE
NAME SIMMONS, HENRY
STREET ADDRESS 1168 W. 29TH ST.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME REV. JOHN PERRY
4.3 STREET ADDRESS 2320 TOURIST STREET
4.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32208

TITLE D ☐ DELETE
NAME LOWE, RE. R
STREET ADDRESS 2174 W. 30TH ST.
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME REV. WILLIAM H. LIPROT
5.3 STREET ADDRESS 2330 W. 18th STREET
5.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32208

TITLE D ☒ DELETE
NAME SIMMONS, HENRY D
STREET ADDRESS 1168 W 29TH STREET
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97 (904) 353-0709
Date Daytime Phone 0003901

CR2E037 (9/96)