FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:19

DOCUMENT # N92000000726 (1)

1. Corporation Name

CRISIS APPROACH PROGRAMS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 814 BOCA RATON FL 33429	PO BOX 447 NATRONA HEIGHTS PA 15065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 01/24/1994
4. FEI Number: 25-1697922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CELANE, TINA
7850 FAIRWAY TR.
BOCA RATON FL 33487

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 Tina Celane 2/6/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CELANE, LEE	1.2 NAME	
STREET ADDRESS	2200 NE 66TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SUTTON, TERESA	2.2 NAME	
STREET ADDRESS	2200 NE 66TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, RICHARD	3.2 NAME	
STREET ADDRESS	152 KITTANNING PIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15215	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BILLITTIERE, ANTHONY DR	4.2 NAME	
STREET ADDRESS	462 GRIDER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 15215	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, BRIAN	5.2 NAME	
STREET ADDRESS	300 WETZEL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLENSHAW PA 15116	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, MARY	6.2 NAME	Please delete
STREET ADDRESS	300 WETZEL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLENSHAW PA 15116	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)(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] 1/31/95 412 226 3552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0075488