

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 # 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

3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
02/15/1995

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

10. Name and Address of New Registered Agent

**CELANE, TINA
7850 FAIRWAY TR.
BOCA RATON FL 33487**

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

Tina Celane

(Signature typed or printed name of registered agent and then applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D CELANE, LEE**
STREET ADDRESS **2200 NE 66TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SUTTON, TERESA**
STREET ADDRESS **2200 NE 66TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D FISCHER, RICHARD**
STREET ADDRESS **152 KITTANNING PIKE**
CITY-ST-ZIP **PITTSBURGH PA 15215**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BILLITIERE, ANTHONY DR**
STREET ADDRESS **462 GRIDER ST**
CITY-ST-ZIP **BUFFALO NY 15215**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D KELLY, BRIAN**
STREET ADDRESS **300 WETZEL RD.**
CITY-ST-ZIP **GLENSHAW PA 15116**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

[Signature]

(Signature typed or printed name of signing officer or director)

1/17/96

Daytime Phone #

CR2E037 (12/95)