

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

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1. Corporation Name

CRISIS APPROACH PROGRAMS ASSOCIATION, INCORPORATED

Principal Place of Business

P.O. BOX 814
BOCA RATON FL 33429

Mailing Address

PO BOX 447
NATRONA HEIGHTS PA 15065



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/14/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
25-1697922

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

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

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 ☒ 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 **D Theresa Greene**
1.3 STREET ADDRESS **2200 NE 66th St.**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ DELETE
NAME **D CELANE, TINA**
STREET ADDRESS **7850 FAIRWAY TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33487**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99
Date

7242263552
Daytime Phone #

CR2E037 (11/98)