


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000726 1. Entity Name CRISIS APPROACH PROGRAMS ASSOCIATION, INCORPORATED	
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Principal Place of Business P.O. BOX 814 BOCA RATON, FL 33429	Mailing Address PO BOX 447 NATRONA HEIGHTS, PA 15065
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 25-1697922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CELANE, TINA 7850 FAIRWAY TR. BOCA RATON, FL 33487
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DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, THERESA 2200 NE 66TH ST FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELANE, TINA 7850 FAIRWAY TRAIL BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, RICHARD 152 KITTANNING PIKE PITTSBURGH, PA 15215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000548932
05/12/06-80084-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4/26/06 <small>Daytime Phone #</small>
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