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Apr 09 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 # N93000003958 (6)

1. Corporation Name

COMMITTEE OF CHANGE, INC.



Principal Place of Business

1758 WAKULLA ARRON ROAD  
CRAWFORDVILLE FL 32327

Mailing Address

1758 WAKULLA ARRON ROAD  
CRAWFORDVILLE FL 32327-1351

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
08/31/1993

3a. Date of Last Report  
12/16/1996

4. FEI Number  
59-3198769

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

FRANKLIN, DAVID  
1758 WAKULLA ARRON RD.  
CRAWFORDVILLE FL 32327

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

TITLE DP  
NAME FRANKLIN, DAVID  
STREET ADDRESS 1758 WAKULLA ARRON RD.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE DS  
NAME JACOB, ERNEST  
STREET ADDRESS 537 TUSKEGEE STREET  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE DT  
NAME FRANKLIN, APRIL L  
STREET ADDRESS 2249 HICKORY CT.  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP  
1.2 NAME AKBAR, SABREEN  
1.3 STREET ADDRESS 1411 Callen Street  
1.4 CITY-ST-ZIP Tallahassee, FL 32310

2.1 TITLE D, FS  
2.2 NAME BAUTON, QUEEN  
2.3 STREET ADDRESS 111 LINCOLN STREET  
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32301

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

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

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

6.1 TITLE  
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.

CR2E037 (9/96)