

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000003958 (6)**

1. Corporation Name

**COMMITTEE OF CHANGE, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1758 WAKULLA ARRON ROAD<br/>CRAWFORDVILLE FL 32327</b> | Mailing Address<br><b>1758 WAKULLA ARRON ROAD<br/>CRAWFORDVILLE FL 32327</b> |
|--|--|

3. Date Incorporated or Qualified

**08/31/1993**

4. FEI Number

**59-3198769**

Applied For  
Not Applicable

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 1758 Wakulla Road</b><br>Suite, Apt. #, etc.<br><b>22</b><br>City & State<br><b>23 Crawfordville, FLA</b><br>Zip<br><b>24 32327</b> | 2a. Mailing Address<br><b>25 ARRON Road Crawfordville</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28 Crawfordville FLA</b><br>Zip<br><b>29 32327</b> |
|---|--|

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. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FRANKLIN, DAVID  
1758 WAKULLA ARRON RD.  
CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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                      | DVP                    |
| NAME                       | AKBAR, SABREEN         |
| STREET ADDRESS             | 1411 CALLEN STREET     |
| CITY - ST - ZIP            | TALLAHASSEE FL         |
| TITLE                      | DFS                    |
| NAME                       | BRUTON, QUEEN          |
| STREET ADDRESS             | 111 LINCOLN ST.        |
| CITY - ST - ZIP            | TALLAHASSEE FL         |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY - ST - ZIP            |                        |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: David F. Franklin

4/12/98

CR2E037 (10/97)