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**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90080 011 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N93000003958**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**08/31/1993**

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

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

**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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **DVP**  
STREET ADDRESS **AKBAR, SABREEN**  
CITY-ST-ZIP **1411 CALLEN STREET  
TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **DFS**  
STREET ADDRESS **BRUTON, QUEEN**  
CITY-ST-ZIP **111 LINCOLN ST.  
TALLAHASSEE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-99** **850 926-7883**

Date

Daytime Phone #

CR2E037 (1/98)