CORPORATION ANNUAL REPORT <b>1996</b>		Sandra B. Mortham Secretary of State DIVISION OF COPPORATIONS		FILED 96 JUN 11 PN 4:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
OCUMENT # N9400002858 (8 WETUMPKA COMMUNITY ACTION ASSOCIATION, INC.						
ICIPAL Place		Mailing Address				
17 South a Allahassei	ndams street E FL 32301	rt. 3. box 2 Quincy FL 3			3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Pla	ice of Business	2a. Mailing Add	tress		O6/09/1994     4. FEI Number	04/17/1995
Suite, Apt. #	ł, etc.	26 Suite, Apt.	#, etc.		<b>APPLIED FOR</b> 5. Certificate of Status Desired	Not Applicable
City & State		27 City & State	<del>)</del>		6. Election Campaign Financing	<b>\$5.00</b> May Be
Ζip	Country 25	28 Zip 29	3	Country 30	Trust Fund Contribution  8. This corporation has liability for in Florida Statutes	Added to Fees     Added to Fees     Added to Fees     Added to Fees     No
	9. Name and Address of Curre	nt Registered Agent	t	81 Name	10. Name and Address of New Re	egistered Agent
• Purculant to	o the provisions of Sections 617.050	2 and 617.1508, Flori rida. Such change wa	ida Statutes, s authorized	83 84 City the above-named corpo by the corporation's boa	ration submits this statement for the purp	FL 85 Zip Code
Pursuant to or registere familiar wit	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, typed or printed name of registered age	rida. Such change was stion 617.0503, Florida nt and tille if applicable	s authorized a Statutes.	84 City the above-named corpo by the corporation's boa	rd of directors. I hereby accept the appo	PL
Pursuant to or register familiar wit	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, typed or printed name of registered age OFFICERS At	rida, Such change wa ction 617.0503, Florida nt and tile if applicable ND DIRECTORS	s authorized a Statutes.	84 City the above-named corpo by the corporation's boa	rd of directors. I hereby accept the appo	PL
TALLAHA	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor h, and accept the obligations of. Sec Signature, typed or printed name of registered age OFFICERS At DP HOLLAHAN, DICK RT. 3, BOX 2812	rida, Such change wa ction 617.0503, Florida nt and tile if applicable ND DIRECTORS	IS Authorized a Statutes.	84         City           the above-named corpo         by the corporation's boa           Busistered Agent signature require         13.           11 TIFLE         1.2 NAME           1.3 STREET ADDRESS         1.3 STREET ADDRESS	rd of directors. I hereby accept the appo	DATE CERS AND DIRECTORS IN 12
TALLAHA Pursuant to or register familiar wit GNATURE 2. LE ME REFT ADDRESS (Y-ST-2)P	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, typed or printed name of registered age OFFICERS At DP HOLLAHAN, DICK RT. 3, BOX 2812 QUINCY FL 32351	rida. Such change wa ction 617.0503, Florida nt and the if approable ND DIRECTORS	IS Authorized a Statutes.	84         City           the above-named corpo         by the corporation's boa           by the corporation's boa         13.           11 TIFLE         1.2 NAME	rd of directors. I hereby accept the appo ad when reinstating) ADDITIONS:CHANGES TO OFFI	DATE CFRS AND DIFIE CTOPIS IN 12 Change Addition
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