

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001826 (5)

1. Corporation Name

COMMUNITY ADVOCACY TRAINING/SYSTEMS, INC.



Principal Place of Business

Mailing Address

7655 W. GULF TO LAKE HIGHWAY
SUITE 16
CRYSTAL RIVER FL 34429

7655 W. GULF TO LAKE HIGHWAY
SUITE 16
CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified
04/18/1995

3a. Date of Last Report
4/18/95

2. Principal Place of Business

2a. Mailing Address

21 1749 S. SIOUX RD

26 P.O. Box 2318

4. FEI Number

59-3312804

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23 Homosassa, FL

28 Homosassa Springs, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 Zip

Country

Zip

Country

34448

USA

29 34447

USA

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

BRIGGS, ANSEL P
7655 W. GULF TO LAKE HWY.
SUITE 16
CRYSTAL RIVER FL 34429

81 Name

ANSEL P. BRIGGS

82 Street Address (P.O. Box Number is Not Acceptable)

1749 S. SIOUX ROAD

83

84 City

HOMOSSASSA

FL

85 Zip Code

34448

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME BRIGGS, ANSEL P
STREET ADDRESS 1749 S. SIOUX ROAD
CITY-ST-ZIP HOMOSSASSA FL 34448 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME KIKUCHI, LUCILLE
STREET ADDRESS 75 S. LINCOLN AVENUE
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ROBINSON, PATRICIA
STREET ADDRESS 1883 W. GARDENIA DRIVE
CITY-ST-ZIP CITRUS SPRINGS FL 34434 ☐ DELETE

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

TITLE D
NAME SPIVEY, HELEN
STREET ADDRESS 940 N.W. 5TH TERRACE
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ DELETE

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

TITLE D
NAME HERNDON, JANET
STREET ADDRESS 1905 KIMBERLY LANE
CITY-ST-ZIP INVERNESS FL 33452 ☐ DELETE

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

TITLE D
NAME SEARS, LEE
STREET ADDRESS 11557 W. SILAS COURT
CITY-ST-ZIP HOMOSSASSA FL 34446 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ansel P. Briggs ANSEL P. BRIGGS PTD

Date 4/14/96 352-796-4446

CR2E037 (12/95)