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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001826 (5)**

1. Corporation Name

COMMUNITY ADVOCACY TRAINING/SYSTEMS, INC.

Principal Place of Business

1749 S SIOUX RD
SUITE 16
HOMOSASSA FL 34448
US

Mailing Address

PO BOX 2318
SUITE 16
HOMOSASSA SPGS FL 34447-2318
US

3. Date Incorporated or Qualified
04/18/1995

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 **1749 S. Sioux Rd**

2a. Mailing Address

26 **P.O. Box 2318**

4. FEI Number
59-3312804

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **HOMOSASSA, FL**

City & State

28 **HOMOSASSA Springs, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

24 **34448**

25 **USA**

Zip

29 **34447**

30 **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
1749 S SIOUX RD
SUITE 16
HOMOSASSA SPGS FL 34448

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE **VPD** ☐ DELETE
NAME **SEARS, LEE**
STREET ADDRESS **11557 W SILAS CT**
CITY-ST-ZIP **HOMOSASSA FL**

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

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

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

TITLE **D** ☐ DELETE
NAME **SEARS, LEE**
STREET ADDRESS **11557 W. SILAS COURT**
CITY-ST-ZIP **HOMOSASSA FL 34448**

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	SD ROBINSON, PATRICIA
3. CITY-ST-ZIP	4101 S. Spring Song Terrace
	HOMOSASSA, FL 34446
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	
6. 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, unchanged, or in an attachment with an address.

SIGNATURE: **ANSEL P BRIGGS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

9/30/97 **352-7954446**
Date Daytime Phone # 0085237

CR2E037 (9/96)