

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 # N95000004061 (6)

1. Corporation Name

CITIZEN ADVISORY COMMITTEE FOR DISASTER PREPARED  
NESS, INC.



Principal Place of Business

200 PARK AVENUE  
MILTON FL 32570

Mailing Address

200 PARK AVENUE  
MILTON FL 32570

3. Date Incorporated or Qualified  
08/22/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTTON, E W  
5527 STEWART STREET  
MILTON FL 32570

81

Name BARBARA BOWMAN

82

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

200 PARK AVENUE

83

MILTON, FL 32570-RSUP Suite

84

City MILTON

FL

85

Zip Code 32570

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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

*Barbara Bowman*  
Signature of registered agent, and title if applicable

BARBARA BOWMAN, EXECUTIVE DIRECTOR

DATE

1/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MILLER, JEWELL  
STREET ADDRESS 6557 CAROLINE STREET  
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ DELETE  
NAME PERSICHINI, DOMINIC  
STREET ADDRESS POST OFFICE BOX 798 N/A  
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ DELETE  
NAME WILLIAMS, E W  
STREET ADDRESS 105 BERRYHILL ROAD  
CITY-ST-ZIP MILTON FL 32570

TITLE TD ☐ DELETE  
NAME SUTTON, E W  
STREET ADDRESS 5527 STEWART STREET  
CITY-ST-ZIP MILTON FL 32570

TITLE SD ☐ DELETE  
NAME JUDY-MILLER, JANE  
STREET ADDRESS 1450 BERRYHILL ROAD  
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ DELETE  
NAME BARRET, JACK  
STREET ADDRESS 200 PARK AVENUE  
CITY-ST-ZIP MILTON FL 32570

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 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 unchanged, or on an attachment with an address.

SIGNATURE:

*Barbara Bowman*

Barbara Bowman, Executive Director 1/19/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)