

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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

01/29/1996

4. FEI Number

APPLIED FOR 59-3334398

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

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**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWMAN, BARBARA
200 PARK AVE
RSVP SUITE
MILTON FL 32570**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETENAME **MILLER, JEWELL**
STREET ADDRESS **6557 CAROLINE STREET**
CITY-ST-ZIP **MILTON FL 32570**TITLE **D** ☐ DELETENAME **PERSICHINI, DOMINIC**
STREET ADDRESS **POST OFFICE BOX 798 N/A**
CITY-ST-ZIP **MILTON FL 32570**TITLE **D** ☒ DELETENAME **WILLIAMS, E W**
STREET ADDRESS **105 BERRYHILL ROAD**
CITY-ST-ZIP **MILTON FL 32570**TITLE **TD** ☐ DELETENAME **SUTTON, E W**
STREET ADDRESS **5527 STEWART STREET**
CITY-ST-ZIP **MILTON FL 32570**TITLE **SD** ☐ DELETENAME **JUDY-MILLER, JANE**
STREET ADDRESS **1450 BERRYHILL ROAD**
CITY-ST-ZIP **MILTON FL 32570**TITLE **D** ☐ DELETENAME **BARRET, JACK**
STREET ADDRESS **200 PARK AVENUE**
CITY-ST-ZIP **MILTON FL 32570**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D**CHRISTINA DRAIN**
6429 FLAGLER
GULF BREEZE, FL 32561

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED**3-29-97****904-626-7333**

CR2E037 (9/96)