


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004061 (6)**

1. Corporation Name

**CITIZEN ADVISORY COMMITTEE FOR DISASTER PREPARED  
NESS, INC.**

Principal Place of Business

Mailing Address

**200 PARK AVENUE  
MILTON FL 32570**

**200 PARK AVENUE  
MILTON FL 32570**



3. Date Incorporated or Qualified

**08/22/1995**

4. FEI Number

**59-3334398**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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

*Barbara Bowman*  
Signature, typed or printed name of registered agent and title if applicable.

**Barbara Bowman, Executive Director**

DATE

**1-20-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, JEWELL</b>	
STREET ADDRESS	<b>6557 CAROLINE STREET</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERSICHINI, DOMINIC</b>	
STREET ADDRESS	<b>POST OFFICE BOX 798 N/A</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DRAIN, CHRISTINA</b>	
STREET ADDRESS	<b>6429 FRAGLER</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTTON, E W</b>	
STREET ADDRESS	<b>5527 STEWART STREET</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JUDY-MILLER, JANE</b>	
STREET ADDRESS	<b>1450 BERRYHILL ROAD</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARRET, JACK</b>	
STREET ADDRESS	<b>200 PARK AVENUE</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	

1.1 TITLE	<b>Barbara Bowman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Executive Director</b>	
1.3 STREET ADDRESS	<b>5824 Dewey Road</b>	
1.4 CITY-ST-ZIP	<b>Milton, FL 32583</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Barbara Bowman* **Barbara Bowman, Executive Director** 1/20/98

850-626-7333

CR2E037 (10/97)