

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 12 1997 8:00am
Secretary of State

DOCUMENT # N95000005511 (9)

1. Corporation Name

CAAC FOUNDATION, INC.



Principal Place of Business

Mailing Address

2307 EAST COLUMBUS
TAMPA FL 33605

2307 EAST COLUMBUS
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 4624
Suite, Apt. #, etc.

26 P.O. BOX 4624
Suite, Apt. #, etc.

4. FEI Number
59-3348239

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 TAMPA, FL

City & State

26 TAMPA, FL

24 Zip

Country

33677

US

Zip

Country

33677

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCQUAY, MELVIN C
7703 WEST HANNA AVENUE
TAMPA FL 33615

81 Name
Alberta Brown

82 Street Address (P.O. Box Number is Not Acceptable)
311 E. Ohio Ave

83

84 City
Tampa

FL

85 Zip Code
33603

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

Alberta Brown

9-2-97

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 PD
NAME PATTY, MICHELLE
STREET ADDRESS P. O. BOX 4624 N/A
CITY-ST-ZIP TAMPA FL 33677

TITLE VPD
NAME HOWARD, JULIUS
STREET ADDRESS P. O. BOX 75366 N/A
CITY-ST-ZIP TAMPA FL 33675

TITLE SD
NAME MCQUAY, MELVIN C
STREET ADDRESS 7703 W. HANNA AVENUE
CITY-ST-ZIP TAMPA FL 33615

TITLE TD
NAME JONES, JACQUELINE
STREET ADDRESS 313 N. BRADFORD
CITY-ST-ZIP TAMPA FL 33607

TITLE D
NAME CLEMENT, ANN
STREET ADDRESS 1932 OLD SAWMILL ROAD
CITY-ST-ZIP BRANDON FL 33510

TITLE D
NAME BURTON, CONNIE
STREET ADDRESS 219 EAST KENTUCKY AVENUE
CITY-ST-ZIP TAMPA FL 33603

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

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

9-2-97 126-4599

CR2E037 (4/97)