

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).

FILED  
 Sep 12 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005511 (9)**  
 1. Corporation Name  
**CAAC FOUNDATION, INC.**



Principal Place of Business <b>2307 EAST COLUMBUS TAMPA FL 33605</b>	Mailing Address <b>2307 EAST COLUMBUS TAMPA FL 33605</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/17/1995</b>	3a. Date of Last Report <b>04/08/1996</b>
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2. Principal Place of Business 21 <b>P.O. BOX 4624</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. BOX 4624</b> Suite, Apt. #, etc.
22 City & State 23 <b>TAMPA, FL</b>	27 City & State 28 <b>TAMPA, FL</b>
24 Zip <b>33677</b>	25 Country <b>US</b>
29 Zip <b>33677</b>	30 Country <b>US</b>

4. FEI Number <b>59-3348239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCQUAY, MELVIN C**  
**7703 WEST HANNA AVENUE**  
**TAMPA FL 33615**

10. Name and Address of New Registered Agent  
 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**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATTY, MICHELLE</b>		1.2 NAME	
STREET ADDRESS <b>P. O. BOX 4624 N/A</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33677</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOWARD, JULIUS</b>		2.2 NAME	
STREET ADDRESS <b>P. O. BOX 75366 N/A</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33675</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCQUAY, MELVIN C</b>		3.2 NAME <b>Alberta Brown</b>	
STREET ADDRESS <b>7703 W. HANNA AVENUE</b>		3.3 STREET ADDRESS <b>311 E. Ohio Ave</b>	
CITY-ST-ZIP <b>TAMPA FL 33615</b>		3.4 CITY-ST-ZIP <b>Tampa, FL 33603</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, JACQUELINE</b>		4.2 NAME	
STREET ADDRESS <b>313 N. BRADFORD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33607</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLEMENT, ANN</b>		5.2 NAME	
STREET ADDRESS <b>1932 OLD SAWMILL ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRANDON FL 33510</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURTON, CONNIE</b>		6.2 NAME	
STREET ADDRESS <b>219 EAST KENTUCKY AVENUE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33603</b>		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 *Alberta Brown* **9-2-97** **1026-4599**

CR2E037 (4/97)