

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
97 MAY -1 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004818 (8)

1. Corporation Name

COMMUNITY PREVENTION & DEVELOPMENT CENTER, INC.



Principal Place of Business

Mailing Address

305 PATTY LYNN DRIVE  
TALLAHASSEE FL 32310

305 PATTY LYNN DRIVE  
TALLAHASSEE FL 32310-8323

3. Date Incorporated or Qualified  
09/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26 P.O. Box 5361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 Tallahassee, Fla

Zip

Country

Zip

Country

24

25

29 32314-5361

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, BERTHA W  
305 PATTY LYNN DRIVE  
TALLAHASSEE FL 32310

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 PTD ☒ DELETE  
NAME WARD, BERTHA W  
STREET ADDRESS 305 PATTY LYNN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32310

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

VP/D  
827 Richmond St. Apt E  
Tallahassee, Florida 32304  
☐ Change ☒ Addition

TITLE D ☐ DELETE  
NAME WARD, DOC  
STREET ADDRESS 305 PATTY LYNN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32310

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VP/D  
900002167409-9  
-05/06/97--01070--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00  
☐ Change ☐ Addition

TITLE SD ☐ DELETE  
NAME HOLMES, JEWEL W  
STREET ADDRESS 1522 CROWN RIDGE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32310

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

VP/D  
☒ Change ☐ Addition

TITLE VP ☐ DELETE  
NAME LLOYD, DEBORAH  
STREET ADDRESS 4126 WIGGINGTON ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32303

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D  
☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: JEWEL W. HOLMES

4/30/97 656-2583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006282

CR2E037 (9/96)