

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N96000004818 (8)
 1. Corporation Name
COMMUNITY PREVENTION & DEVELOPMENT CENTER, INC.



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| Principal Place of Business 305 PATTY LYNN DRIVE TALLAHASSEE FL 32310 | Mailing Address P.O. BOX 5361 TALLAHASSEE FL 32314-5361 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|
| 3. Date Incorporated or Qualified 09/17/1996 |
| 4. FEI Number 59-3400156 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent WARD, BERTHA W 305 PATTY LYNN DRIVE TALLAHASSEE FL 32310 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | TPD <input type="checkbox"/> DELETE |
| NAME | MARSHALL, SHAWN |
| STREET ADDRESS | 827 RICHMOND ST., APT. E |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 |
| TITLE | VPD <input type="checkbox"/> DELETE |
| NAME | WARD, DOC |
| STREET ADDRESS | 305 PATTY LYNN DRIVE |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | HOLMES, JEWEL W |
| STREET ADDRESS | 1522 CROWN RIDGE ROAD |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LLOYD, DEBORAH |
| STREET ADDRESS | 4126 WIGGINGTON ROAD |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Latonya Smith |
| 4.3 STREET ADDRESS | 410 Victory Garden #113 |
| 4.4 CITY-ST-ZIP | Tallahassee, Fla 32301 |
| 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 checked, or on an attachment with an address.

SIGNATURE: *James W. Holmes* 5/15/98 9426640

CR2E037 (10/97)