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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004818**

1. Corporation Name

COMMUNITY PREVENTION & DEVELOPMENT CENTER, INC.

Principal Place of Business

**305 PATTY LYNN DRIVE
TALLAHASSEE FL 32310**

Mailing Address

**P.O. BOX 5361
TALLAHASSEE FL 32314-5361**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	TPD	1.1 TITLE	PD
NAME	MARSHALL, SHAWN	1.2 NAME	
STREET ADDRESS	827 RICHMOND ST., APT. E	1.3 STREET ADDRESS	4000002946654--3
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	-07/30/99--01118--015
TITLE	VPD	2.1 TITLE	T
NAME	WARD, DOC	2.2 NAME	
STREET ADDRESS	305 PATTY LYNN DRIVE	2.3 STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HOLMES, JEWEL W	3.2 NAME	
STREET ADDRESS	1522 CROWN RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SMITH, LATONYA	4.2 NAME	
STREET ADDRESS	410 VICTORY GARDEN DR #113	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	PVP
NAME		5.2 NAME	Bertha W. Ward
STREET ADDRESS		5.3 STREET ADDRESS	305 Patty Lynn Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, Florida
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008733

CR2E037 (11/98)