

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006911 (9)

1. Corporation Name

COMMUNITY PROGRAMS CONSULTING, INC.



Principal Place of Business

206 N.W. DUVAL STREET
LIVE OAK FL 32060

Mailing Address

206 N.W. DUVAL STREET
LIVE OAK FL 32060

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

STAPLIN, RALPH
1555 DELANEY DRIVE
#1808
TALLAHASSEE FL 32308

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/28/1994

3a. Date of Last Report

08/03/1995

4. FEI Number

59-3235410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81

Name

EDWARDS, Gina R.

82

Street Address (P.O. Box Number is Not Acceptable)

206 NW Duval Street

83

84

City

Live Oak

FL

85

Zip Code

32060

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

Gina R. Edwards - Sec/Treas.

Gina R. Edwards - Sec/Tre. 4/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

STAPLIN, RALPH

STREET ADDRESS

1555 DELANEY DRIVE #1808

CITY-ST-ZIP

TALLAHASSEE FL 32308

TITLE

D

☐ DELETE

NAME

EDWARDS, GINA

STREET ADDRESS

206 NW DUVAL ST

CITY-ST-ZIP

LIVE OAK FL 32060

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

☐ Change

☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gina R. Edwards Sec/Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina R. Edwards, Sec./Tre.

904-364-1825

CR2E034 (12/95)