

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008238

FILED
Apr 29, 2008
Secretary of State

Entity Name: CNJ HOME & FAMILY RESOURCE CENTER INC.

Current Principal Place of Business:

128 NORTH BRONOUGH STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

128 NORTH BRONOUGH STREET
TALLAHASSEE, FL 323017723

Current Mailing Address:

128 NORTH BRONOUGH STREET
TALLAHASSEE, FL 32301

New Mailing Address:

128 NORTH BRONOUGH STREET
TALLAHASSEE, FL 323017723

FEI Number: 26-1328576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLLIS, CARLANITA M
Address: 128 NORTH BRONOUGH STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: DV () Delete
Name: FORD, JAMES R SR
Address: 128 NORTH BRONOUGH STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP () Delete
Name: FORD, CLINITA A
Address: 128 NORTH BRONOUGH STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT () Delete
Name: FORD, JAMES R JR
Address: 128 NORTH BRONOUGH STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS () Delete
Name: PATRICK, JANITA M
Address: 128 NORTH BRONOUGH STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINITA A FORD

DP

04/29/2008

Electronic Signature of Signing Officer or Director

Date