2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# 759175

Entity Name: CHILD PROTECTION CENTER, INC.

Current Principal Place of Business:

1750 17TH STREET, BLDG. L
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1750 17TH STREET, BLDG. L
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2113850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLANNERY, JOSEPH P.
3730 CADBURY CIR, APT 825
VENICE, FL 34293 US

Name and Address of New Registered Agent:

NANCY FLANAGAN
5514 AZURE WAY
SARASOTA, FL 34242 US

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: NANCY FLANAGAN 04/23/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FLANNERY, JOE
Address: 3730 CADBURY CIR, APT 825
City-St-Zip: VENICE, FL 34293

Title: VPD ( ) Delete
Name: PATRICIA GARRISON,
Address: PO BOX 4097
City-St-Zip: SARASOTA, FL 34230

Title: P ( ) Delete
Name: MUDGETT, PAT
Address: 4967 FALLSCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: SD ( ) Delete
Name: HANEY, DOROTHY
Address: 3121 LAKE PARK LANE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: ROBINSON, FREDRICK A FR.
Address: 222 S. PALM AVENUE
City-St-Zip: SARASOTA, FL 34236 US

Title: VPD (X) Change ( ) Addition
Name: PITCHFORD, MALCOM
Address: P.O. BOX 49948
City-St-Zip: SARASOTA, FL 34230 US

Title: P (X) Change ( ) Addition
Name: FLANAGAN, NANCY
Address: 5514 AZURE WAY
City-St-Zip: SARASOTA, FL 34242 US

Title: SD (X) Change ( ) Addition
Name: RUSS, VALARIE
Address: 1477 10TH STREET
City-St-Zip: SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY FLANAGAN PRES 04/23/2004
Electronic Signature of Signing Officer or Director Date