2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N01000005215

Entity Name: THE CHILDREN'S CENTER FOR LOSS AND TRANSITION INC.

Current Principal Place of Business:

1015 ATLANTIC BLVD #327
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

P.O. BOX 625
POMONA PARK, FL 32181

Current Mailing Address:

1015 ATLANTIC BLVD #327
ATLANTIC BEACH, FL 32233

New Mailing Address:

P.O. BOX 625
POMONA PARK, FL 32181

FEI Number: 65-1127788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, PEGGY A
2341 OCEANWALK DRIVE WEST
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

WALLACE, PEGGY A
P.O. BOX 625
POMONA PARK, FL 32181 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: _____ 04/26/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WALLACE, PEGGY A
Address: 2341 OCEANWALK DRIVE WEST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: WITT, MARCIA
Address: PO BOX 2341
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D ( ) Delete
Name: INNIS, MARY P
Address: 1760 S. SAN PABLO RD #618
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WALLACE, PEGGY A
Address: P.O. BOX 625
City-St-Zip: POMONA PARK, FL 32181

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 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: PEGGY WALLACE DIR 04/26/2004
Electronic Signature of Signing Officer or Director — Date