2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N01000006357

Entity Name: CHRISMA NEW HORIZON BOYS HOME, INC.

Current Principal Place of Business:

12739 SERENADE CT. NORTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12739 SERENADE CT. NORTH
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3761289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH-MOBLEY, CYCLYN
12739 SERENADE CT. NORTH
JACKSONVILLE, FL 32225

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:	PD	( ) Delete
Name:	SMITH-MOBLEY, CYCLYN	
Address:	2558 ALDEN TRACE BLVD. W.	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	VTD	( ) Delete
Name:	STRACHAN, IDELL A	
Address:	2558 ALDEN TRACE BLVD. W.	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	SD	( ) Delete
Name:	MOBLEY, MATTHEW C	
Address:	2558 ALDEN TRACE BLVD. W.	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	RODRIGUEZ, YVONNE	
Address:	5101 CURRY FORD RD., APT 3	
City-St-Zip:	ORLANDO, FL 32812	

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:	

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: CYCLYN SMITH-MOBLEY PD 04/16/2004

Electronic Signature of Signing Officer or Director — Date