

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006812

FILED
Jan 22, 2006
Secretary of State

Entity Name: COMMUNITY PARTNERSHIP FOR THE PROTECTION OF CHILDREN JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

3701 WINTON DR.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

PO BOX 9232
JACKSONVILLE, FL 32208

New Mailing Address:

P.O. BOX 9232
JACKSONVILLE, FL 32208

FEI Number: 04-3689552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, JOAN A
1419 SUNNYMEADE DR.
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

THOMAS, BRYANT III
900 UNIVERSITY BOULEVARD
SUITE 602
JACKSONVILLE, FL 32211 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: THOMAS BRYANT III

01/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: GRANT, PAULINE
Address: 912 DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: DURHAM, SANDRA Y
Address: 3701 WINTON DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: O () Delete
Name: AFI-LEIGH, JAMEELA
Address: 515 WEST 6TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: O () Delete
Name: PRINGLE, THERESA
Address: 14748 NASSAU SOUND DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: GRANT, PAULINE
Address: 921 N DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

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 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: SANDRA Y. DURHAM

D

01/22/2006

Electronic Signature of Signing Officer or Director

Date