


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91008 043 ****70.00

DOCUMENT # N02000008932					
1. Entity Name COMMUNITY SUPPORT PROGRAM OF NARANJA, INC					
Principal Place of Business 26940 SW 144 AVE HOMESTEAD, FL 33032 US			Mailing Address 26940 SW 144 AVE HOMESTEAD, FL 33032 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0541770	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURCH, GLADEAN 26940 SW 144 AVE HOMESTEAD, FL 33032				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Gladean Burch</i> DATE: <i>April 20, 04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE	P Jones <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	XAVIER, XAVIER L		TITLE	P Jones, Xavier <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	26940 SW 144 AVE		NAME	26940 SW 144 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33032		STREET ADDRESS	Homestead FL 33032	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S Jones, Farrah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, KATIE		NAME	26940 SW 144 AVE	
STREET ADDRESS	26940 SW 144 AVE.		STREET ADDRESS	Homestead FL, 33032	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	JOHNSON, DEBRA H.		NAME		
STREET ADDRESS	27015 SW 144 CT		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE		
NAME	BURELA, GLEADEAU		NAME		
STREET ADDRESS	27020 SW 144 CT.		STREET ADDRESS		
CITY-ST-ZIP	NARAUJA, FL 33030		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	BAUTISTA, MARISOL REYES		NAME		
STREET ADDRESS	27010 SW 144 AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 330327502		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	SMITH, TERAH		NAME		
STREET ADDRESS	27035 SW 144 AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>[Signature]</i> 305-4-5-04 258-0238 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					