
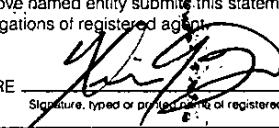
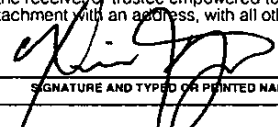


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90791 002 *****8.75
05-02-2005 90791 001 *****61.25

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 <input type="checkbox"/> 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 <u>Jones, Xavier</u> Street Address (P.O. Box Number is Not Acceptable) <u>1213 SW 26940 SW 144 Ave</u> <u>Homestead</u> <u>FL</u> <u>33032</u> City <u>FL</u> Zip Code		
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 			DATE <u>03-31-05</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input type="checkbox"/> Delete NAME <u>JONES, XAVIER</u> STREET ADDRESS <u>26940 SW 144 AVE</u> CITY - ST - ZIP <u>HOMESTEAD, FL 33032</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
TITLE <input type="checkbox"/> Delete NAME <u>JONES, FARRAH</u> STREET ADDRESS <u>26940 SW 144 AVE.</u> CITY - ST - ZIP <u>HOMESTEAD, FL 33032</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
TITLE <input type="checkbox"/> Delete NAME <u>JOHNSON, DEBRA H</u> STREET ADDRESS <u>27015 SW 144 CT</u> CITY - ST - ZIP <u>HOMESTEAD, FL 33032</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
TITLE <input checked="" type="checkbox"/> Delete NAME <u>BAUTISTA, MARISOL REYERS</u> STREET ADDRESS <u>27010 SW 144 AVE.</u> CITY - ST - ZIP <u>HOMESTEAD, FL 330327502</u>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>Florvil, Marise</u> STREET ADDRESS <u>26940 SW 144 Ave</u> CITY - ST - ZIP <u>Homestead FL, 33032</u>				
TITLE <input type="checkbox"/> Delete NAME <u>SMITH, TERAH</u> STREET ADDRESS <u>27035 SW 144 AVE.</u> CITY - ST - ZIP <u>HOMESTEAD, FL 33032</u>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>Burch, Gladean</u> STREET ADDRESS <u>27030 SW 144 ct</u> CITY - ST - ZIP <u>Homestead FL, 33032</u>				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: 			Date <u>03-31-05</u> <u>305</u> Daytime Phone # <u>258-0238</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					