2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 20, 2004 8:00 am Secretary of State DOCUMENT # N02000009329 08-20-2004 90003 043 ****70.00 COMMUNITY PARTNERSHIP GROUP, INC. Mailing Address Principal Place of Business 4016 BROADWAY 4016 BROADWAY 54069108 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL: 33407 2. Principal Place of Business 2001 W. Blue 3. Mailing Address 2001 W. Blue Heron Bluc 07062004 Chg-NP CR2E037 (10/03) Rity & State 4. FEI Number APPLIED FOR 13-4252845 City & State Applied For Vicra viera Not Applicable Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CORBETT, JOHN 4016 BROADWAY WEST PALM BEACH, FL 33407 2001 Heron 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 a 8. 16. 200-K CORBETT SIGNATURE (NOTE: Registered Agent signature required when reinstating) inted name of registered agent and title if applicable Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 EXECUTIVE VICE MESIDENT Change Executive mum ford Blvd. OFFICERS AND DIRECTORS 10. Executive vice TITLE PD ☐ Delete TITLE CORBETT, JOHN NAME NAME 4016 BROADWAY STREET ADDRESS STREET ADDRESS Riviera Beach, FL 33404 WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-ZIP Controller SD Addition Delete michelle De Palma Blud. 2001 W. Blue Heron Blud. Riviera Beach, Pr 33404 TITLE RAMOS, MICHAEL NAME NAME 4016 BROADWAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-ZIP PD John Corbett Winage 2001 W. Blue Heron & Wel. Delete TODD, ROBIN NAME NAME 4016 BROADWAY STREET ADDRESS STREET ADDRESS Riviera Beach, PL 33404 WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. CORSETT changed, or on an attachment with

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