

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 23, 2004
Secretary of State**

DOCUMENT# N03000006417

Entity Name: CHILD CRISIS HOME INTERVENTION PROGRAM SOCIETY INC.

Current Principal Place of Business:

840 W. 5TH STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

840 W. 5TH STREET
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 45-0520160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, CEDRICK
840 W. 5TH STREET
RIVIERA BEACH, FL 33404 US

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: BROWN, JOHN
Address: 1016 N. DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL

Title: VD () Delete
Name: NANCE, STEPHANIE
Address: 1601 42ND STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD () Delete
Name: MCKINON, SYLVESTER
Address: 1461 N. MANGONIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: HOBBS, TRENETTE
Address: 13551 TEMPLE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: CUMMINGS, BEVERLY
Address: 525 OLD DIXIE HIGHWAY
City-St-Zip: RIVIERA BEACH, FL 33404

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:

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: CEDRICK THOMAS

CEO

10/23/2004

Electronic Signature of Signing Officer or Director

_____ Date