2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006417

FILED Mar 15, 2005 Secretary of State

Entity Name: CHILD CRISIS HOME INTERVENTION PROGRAM SOCIETY INC.

Name and Address of Current Registered Agent: THOMAS, CEDRICK 840 W. 5TH STREET RIVIERA BEACH, FL 33404 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: PD () Delete Name: BROWN, JOHN Name: BROWN, JOHN Name: Address: Otty-St-Zip: WEST PALM BEACH, FL 33409 US ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES O			
Current Mailing Address: New Mailing Address: Nounce Mailing M	Current Pr	incipal Place of Business:	New Principal Place of Business:
RAD W. 5TH STREET RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33409 FEI Number: 45-0520160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Stat Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: THOMAS, CEDRICK 840 W. 5TH STREET RIVIERA BEACH, FL 33404 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Control of Florida			
RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33419 FEI Number: 45-0520160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Stat Name and Address of Current Registered Agent: Name and Address of New Registered THOMAS, CEDRICK A840 W. 5TH STREET RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33409 The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Continue	Current Ma	ailing Address:	New Mailing Address:
Name and Address of Current Registered Agent: THOMAS, CEDRICK 840 W, 5TH STREET RIVIERA BEACH, FL 33404 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Cost			
THOMAS, CEDRICK 840 W. 5TH STREET RIVIERA BEACH, FL 33404 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Cost	FEI Number:	45-0520160 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
840 W, 5TH STREET RIVIERA BEACH, FL 33404 US 1602 QUÁIL DRIVE APT 9 WEST PALM BEACH, FL 33409 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Condition	Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
in the State of Florida. SIGNATURE:	840 W. 5ŤH	STREET	1602 QUÁIL DRIVE APT 9
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: BROWN, JOHN Name: BROWN, JOHN Address: 1016 N. DIXIE HIGHWAY Address: (city-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: NaNCE, STEPHANIE Name: Address: 1601 42ND STREET Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MCKINON, SYLVESTER Name: Address: 1461 N. MANGONIA DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: HOBBS, TRENETTE Name: HOBBS, TRENETTE Name: Address: 13551 TEMPLE BLVD. Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: Title: () Change () Addition Name: CUMMINGS, BEVERLY Name: Address: CUMMINGS, BEVERLY Name: Address: 525 OLD DIXIE HIGHWAY Address:			ourpose of changing its registered office or registered agent, or both,
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: BROWN, John Name: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: NaNCE, STEPHANIE Name: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MCKINON, SYLVESTER Name: Address: 1461 N. MANGONIA DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: Address: 13551 TEMPLE BLVD. City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 13551 TEMPLE BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: CUMMINGS, BEVERLY Name: Address: 525 OLD DIXIE HIGHWAY Address: Address: CUMMINGS, BEVERLY Name: Address: 525 OLD DIXIE HIGHWAY Address: Addr	SIGNATUR	E:	03/15/2005
Title: PD () Delete Title: () Change () Addition Name: BROWN, JOHN Name: Address: 1016 N. DIXIE HIGHWAY Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: Name: Name: Name: Name: Address: 1601 42ND STREET Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MCKINON, SYLVESTER Name: Address: 1461 N. MANGONIA DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: SD () Delete Title: Name: Address: 13551 TEMPLE BLVD. Address: 13551 TEMPLE BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 13551 TEMPLE BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 525 OLD DIXIE HIGHWAY		Electronic Signature of Registered Age	ent Date
Name: BROWN, JOHN Name: Address: 1016 N. DIXIE HIGHWAY Address: 1016 N. DIXIE HIGHWAY Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: Nance, STEPHANIE Name: Address: 1601 42ND STREET Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MCKINON, SYLVESTER Name: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: SD () Delete Name: HOBBS, TRENETTE Name: Address: 13551 TEMPLE BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: CUMMINGS, BEVERLY Name: Address: 525 OLD DIXIE HIGHWAY Address:	OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Name: NANCE, STEPHANIE	Name: Address:	BROWN, JOHN 1016 N. DIXIE HIGHWAY	Name: Address:
Name: MCKINON, SYLVESTER Name: Address: 1461 N. MANGONIA DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: HOBBS, TRENETTE Name: Address: 13551 TEMPLE BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: CUMMINGS, BEVERLY Name: Address: 525 OLD DIXIE HIGHWAY Address:	Name: Address:	NANCE, STEPHANIE 1601 42ND STREET	Name: Address:
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Name: CUMMINGS, BEVERLY Name: Address: 525 OLD DIXIE HIGHWAY Address:	Name: Address:	HOBBS, TRENETTE 13551 TEMPLE BLVD.	Name: Address:
	Name: Address:	CUMMINGS, BEVERLY 525 OLD DIXIE HIGHWAY	Name: Address:

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 A. THOMAS CEO 03/15/2005