

# 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.

**Current Principal Place of Business:**

840 W. 5TH STREET  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

P.O.BOX 10595  
RIVIERA BEACH, FL 33419

**Current Mailing Address:**

840 W. 5TH STREET  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

P.O. BOX 10595  
RIVIERA BEACH, FL 33419

FEI Number: 45-0520160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

THOMAS, CEDRICK  
1602 QUAIL 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 agent, or both, in the State of Florida.

SIGNATURE:

03/15/2005

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 A. THOMAS

CEO

03/15/2005

Electronic Signature of Signing Officer or Director

Date