2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010402

FILED Apr 30, 2004 Secretary of State

Entity Name: CHILDREN IMPACTED BY INCARCERATED PARENTS, INC.

Current Principal Place of Business: New Principal Place of Business:

1820 18TH AVE S ST PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

3991 CORTEZ WAY S ST PETERSBURG, FL 33712

FEI Number: 51-0490382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

- Flateria Circulus (Basistand Assat

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete
 Title:
 PTD (X) Change () Addition

 Name:
 ATWATER, LORI
 Name:
 WILLIAMS, LENA

 Address:
 1820 18TH AVE S
 1820 18TH AVE S

City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: ST PETERSBURG, FL 33712

Title: VD () Delete Title: D (X) Change () Addition

 Name:
 WILLIAMS, LARRY
 Name:
 CRAIG, KATHY

 Address:
 1820 18TH AVE S
 Address:
 1820 18TH AVE S

City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: ST PETERSBURG, FL 33712

Title: SD () Delete Title: () Change () Addition

 Name:
 STUBBS, MICHAEL
 Name:

 Address:
 1820 18TH AVE S
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33712
 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: LENA WILLIAMS PTD 04/30/2004