

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007685

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: CHILDREN OF PROMISE, INC.

**Current Principal Place of Business:**

1800 N MAIN STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

1800 N MAIN STREET  
GAINESVILLE, FL 32609

**New Mailing Address:**

P.O. BOX 1030  
GAINESVILLE, FL 32602

FEI Number: 20-1489190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVERMAN, PAUL R  
1800 N MAIN STREET  
GAINESVILLE, FL 32609 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: DP ( ) Delete  
Name: COEN, ROBIN  
Address: 5812 NW 63RD COURT  
City-St-Zip: GAINESVILLE, FL 32653

Title: DV ( ) Delete  
Name: WILKOV, NANCY  
Address: 2210 NW 38TH DR  
City-St-Zip: GAINESVILLE, FL 32605

Title: DST ( ) Delete  
Name: COEN, STEVEN  
Address: 1800 N MAIN STREET  
City-St-Zip: GAINESVILLE, FL 32609

**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:

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: NANCY WILKOV

DVP

04/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date