2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# N04000011675

Entity Name: THE CHILDREN'S RESILIENCY PROJECT, INC.

Current Principal Place of Business:

5520 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5520 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2157091 **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:

GRAHAM, ROBERT D
5520 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216 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: D ( ) Delete
Name: CALHOUN, PATRICIA
Address: 6218 CHRISTOPHER CREEK CT.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: GRAHAM, PHIL
Address: 1883 QUAIL RIDGE CT.
City-St-Zip: LIBERTY, MO 64068

Title: D ( ) Delete
Name: GRAHAM, ROBERT
Address: 3254 CROSBY LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: JOHNSON, SYLVIA
Address: 7925 MERRILL RD., #1905
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: MCCOOL, CHRIS
Address: 1104 E. 25TH ST.
City-St-Zip: TULSA, OK 74114

Title: D ( ) Delete
Name: PENLAND, DAVID JR.
Address: 4621 VICTOR ST.
City-St-Zip: JACKSONVILLE, FL 32207

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT GRAHAM EDIR 07/03/2007
Electronic Signature of Signing Officer or Director Date