

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011675

FILED
Mar 09, 2011
Secretary of State

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 ()

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
Name: CALHOUN, PATRICIA
Address: 6218 CHRISTOPHER CREEK CT.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: GRAHAM, PHIL
Address: 729 COTTONWOOD LANE
City-St-Zip: LIBERTY, MO 64068

Title: D
Name: GRAHAM, ROBERT
Address: 2744 LARSEN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: JOHNSON, SYLVIA
Address: 8550 TOUCHTON ROAD EAST #638
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: MCCOOL, CHRIS
Address: 913 BRIDLE PATH COURT
City-St-Zip: ROCKWALL, TX 75032

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT GRAHAM

DR.

03/09/2011

Electronic Signature of Signing Officer or Director

Date