


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N05000003052	
1. Entity Name INDIANA TRANSITORIAL PROGRAMS, INC.	

Principal Place of Business 71 NE 163 ST N MIAMI BCH, FL 33162	Mailing Address 71 NE 163 ST N MIAMI BCH, FL 33162
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2600744	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVERS, DENISE 71 NE 163 ST N MIAMI BCH, FL 33162
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIVERS, DENISE 71 NE 163 ST N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNTER, ADRIAN 71 NE 163 ST N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COURTNEY, SAMUEL 71 NE 163 ST N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISE, ALBERT 71 NE 163 ST N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, ROSE 71 NE 163 ST N MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Rivers 4-1-08 (305) 919-9253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #