2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N07000002683

Entity Name: WAR ON POVERTY - FLORIDA, INC.

Current Principal Place of Business:

5196 NORWOOD AVENUE
SUITE A
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

5196 NORWOOD AVENUE
SUITE A
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 20-8631269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDRY, KAREN
2466 WATTLE TREE RD E
JACKSONVILLE, FL 32246 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:	P	( ) Delete
Name:	LANDRY, KAREN	
Address:	2466 WATTLE TREE RD E	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	VP	(X) Delete
Name:	RAMIREZ, PORFIRIA	
Address:	5822 SOUTH 6TH ST	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	BUDAJ, DEBORAH C	
Address:	1211 N WESTSHORE BLVD, STE. 106	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	CLYNE, REGINALD	
Address:	5196 NORWOOD AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	D	( ) Delete
Name:	JONES, CARLTON	
Address:	5196 NORWOOD AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32208	

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:	

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: KAREN LANDRY P 04/28/2008

Electronic Signature of Signing Officer or Director — Date