2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N08000000051

Entity Name: COMMUNITY PARTNERS IN ACTION, INC.

Current Principal Place of Business:

14050 SUMMER BREEZE DRIVE E
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

PO BOX 40901
JACKSONVILLE, FL 322030901

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

MICHAEL J. IVAN, JR. ESQ.
ONE INDEPENDENT DRIVE SUITE 3131
JACKSONVILLE, FL 32202 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: TPS ( ) Delete
Name: THOMPSON, P. WENDELL
Address: 14050 SUMMER BREEZE DRIVE E
City-St-Zip: JACKSONVILLE, FL 32218

Title: TVPT ( ) Delete
Name: CRUSE, W. LAMAR
Address: 11735 WORDSWORTH COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: T ( ) Delete
Name: SOLOMON, LYNN C
Address: PO BOX 11807
City-St-Zip: JACKSONVILLE, FL 32239

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 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: CRUSE WALTER L. TVPT 05/11/2009

Electronic Signature of Signing Officer or Director — Date