

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003451

FILED
Apr 23, 2009
Secretary of State

Entity Name: HURTING FAMILIES WITH CHILDREN IN CRIME, INC.

Current Principal Place of Business:

10535 LEM TURNER RD., APT #1005
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10535 LEM TURNER RD., APT #1005
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 35-2338645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, THOMAS
10535 LEM TURNER RD., APT #608
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

LINDA, DAYSON
10535 LEM TURNER RD., APT # 1005
JACKSONVILLE, FL 32218 US

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: LINDA DAYSON

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAYSON, LINDA
Address: 10535 LEM TURNER RD., APT #1005
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CRAIG, THOMAS
Address: 10535 LEM TURNER RD., APT #608
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CRAIG, LATESE
Address: 10535 LEM TURNER RD., APT #608
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: SUMNER, MARCIA
Address: 10535 LEM TURNER RD., APT #906
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCCIMAGER, SHENITA
Address: 1226 BUNKER HILL BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D (X) Change () Addition
Name: DAINELS, SHAMEKI
Address: 900 BROWARD RD # 154
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: CRYSTAL, THOMAS
Address: 8005 HARDING AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: O () Change (X) Addition
Name: MARVIN, REESE
Address: 1662 SPRINGBRANCH DR.E
City-St-Zip: JACKSONVILLE, FL 32221

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: LINDA DAYSON

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date