

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003451

FILED
Apr 30, 2011
Secretary of State

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

Current Principal Place of Business:

11291 HARTS RD
SUITE # 1602
JACKSONVILLE, FL 32218

New Principal Place of Business:

11050 HARTS RD.
OFFICE
JACKSONVILLE, FL 32218

Current Mailing Address:

11011 HARTS RD
401
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:

LINDA, DAYSON
11011 HARTS RD.
401
JACKSONVILLE, FL 32218 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: DAYSON, LINDA
Address: 11011 HART RD. UNIT# 401
City-St-Zip: JACKSONVILLE, FL 32218

Title: O
Name: WALKER, ALICE
Address: 1422 W.23 RD.STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: O
Name: KIRKLAND, SHARON
Address: 10977 COPPER HILL LN
City-St-Zip: JACKSONVILLE, FL 32218

Title: O
Name: DANIELS, SHAMEKI
Address: 6160 MAGGIE CIRCLE / APT.101
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: REESE, MARVIN
Address: 1662 SPRINGBRANCH DR.E
City-St-Zip: JACKSONVILLE, FL 32221

Title: O
Name: ELE, REFIK
Address: 25 N.MARKET STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: LINDA AYSON

D

04/30/2011

Electronic Signature of Signing Officer or Director

Date