2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000007978

Entity Name: CHILDREN OF PROMISE ACADEMY, INC.

Current Principal Place of Business:

1050 NW 43 AVE
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

1050 NW 43 AVE
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 30-0501008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLEN, GLORIDA M
1050 NW 43 AVE
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

WALLEN, GLORIA M
1050 NW 43 AVE
PLANTATION, FL 33313 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: GLORIA M. WALLEN 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALLEN, GLORIA M
Address: 1050 NW 43 AVE
City-St-Zip: PLANTATION, FL 33313

Title: S ( ) Delete
Name: DAVIDSON, DALE
Address: 1050 NW 43 AVE
City-St-Zip: PLANTATION, FL 33313

Title: V ( ) Delete
Name: SMITH, CAROL
Address: 1050 NW 43 AVE
City-St-Zip: PLANTATION, FL 33313

Title: T ( ) Delete
Name: WILLIAM, REBECCA
Address: 1050 NW 43 AVE
City-St-Zip: PLANTATION, FL 33313

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:

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: GLORIA M. WALLEN P 04/21/2009
Electronic Signature of Signing Officer or Director Date