

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13924 (8)
1. Corporation Name
COMMUNITY FOR UNDER PRIVILEGED CHILDREN, INC.

Principal Place of Business

C/O SALIMAH KARIM TORRENCE
2188 WEST 13TH STREET
JACKSONVILLE FL 32209-4680

Mailing Address

P O BOX 2269
2188 WEST 13TH STREET
JACKSONVILLE FL 32203
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/20/1986

3a. Date of Last Report
05/23/1995

4. FEI Number
59-2686036

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

TORRENCE, SALIMAH KARIM
2188 WEST 13TH STREET
JACKSONVILLE FL 32203-2269

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS TORRENCE, SALIMAH KARIM
CITY-ST-ZIP 4628 HEARTSTONE CT
JACKSONVILLE FL 32257
(President)

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS THOMAS, LAVERN D.
CITY-ST-ZIP 11086 LOSCO JUNCTION DRIVE
JACKSONVILLE FL 32257
Vice President

TITLE ☐ DELETE
NAME SD
STREET ADDRESS COBB, TERESA D
CITY-ST-ZIP 7871 GULF RD S
JACKSONVILLE FL 32244
Sect

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME President
1.3 STREET ADDRESS Salimah Karim Torrence
4628 Heartstone Ct
32257

1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Lavern Thomas
2.3 STREET ADDRESS 4651 S. Wood Rd.
2.4 CITY-ST-ZIP Jacksonville 32208
Vice President

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Theresa Cobb
3.3 STREET ADDRESS Secretary
7871 Gulf Rd S
3.4 CITY-ST-ZIP Jacksonville, FL 32244
Sect

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96 904-358-8986
Date Daytime Phone

CR2E037 (12/95)