## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13924

(8)

COMMUNITY FOR UNDER PRIVILEDGED CHILDREN, INC.						
Principal Place	e of Business	Mailing Address			0181 \$1011 \$1511 01514 01011 010ft 815ft 1001	
C/O SALIMAH KARIM TORRENCE 188 West 13th Street ACKSONVILLE FL 32209-4880		P O BOX 2269 2188 WEST 13TH STREET JACKSONVILLE FL 32203-2269 US		Date Incorporated or Qualifier     03/20/1986	d 3a. Date of Last Report 06/19/1996	
2. Principal Place of Business 2a. Mailing Address 25			4. FEI Number 59-2686036	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		or intangible tax under s. 199.032,	
24	25 9. Name and Address of Curren	Registered Agent	30]	Florida Statutes  10. Name and Address of New I		
	y, Name and Address of Curren	Lagistolen Wallt	81 Name	10, Haille Bild Addiess of Hear	registered Agent	
	e, salimah karim St 13th Street		82 Street	Address (P.O. Box Number is Not Accep	able)	
JACKSON	MILE FL 32203-2289		83			
			84 City		FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 registered apout, or both, in the State im familiar with, and accept the obliga-	2 and 617.1508, Florida Stati of Florida. Guch change was tions of, Syction 617.0503, F	utes, the above-named a authorized by the corp Florida Statutes.	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation	e purpose of changing its registered cept the appointment as registered	
SIGNATURE	Law my	- Towene	Control Hopistered Agent eignature		DATE	
12.	Signature, typed or printed name of registerer age OFFICERS AND		13.		FICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	TORRENCE, SALIMAH KARIM		1.2 NAME			
STREET ADDRESS	4628 HEARTSTONE CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP			
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	THOMAS, LAVERN D.	_	2.2 NAME	LAVERN Thoma	<u> </u>	
STREET ADDRESS	11086 LOSCO JUNCTION DRIV	E	2.3 STREET ADDRESS	9651 Sibbald R		
CITY-ST-ZIP	JACKSONVILLE FL 32257	□ ptittt	2.4 CITY-ST-ZIP	Jak Fla 322	○ S	
TITLE	SD SCORE TOOSALD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	COBB, TERESA D		3.2 NAME	,		
STREET ADDRESS	7871 GULF RD S JACKSONVILLE FL 32244		3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP			
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32244	DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		_ ,	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	1	] Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	by could that the latered the latered	Luith this filing does not a	6.4 CITY - ST - ZIP	Interest in Section 119 07/9Vi) Florida State	utes. I further certify that the	
informatic I am an o appears i	by carmy martine information supplied on indicated on this annual report or s officer or director of the car poration or in Block 12 or Block 12 y changed, or	upplemental annual report is the receiver or trustee emport on an atlachment with an ac	s true and accurate and owered to execute this identifies.	Islated in Section 119.07(3)(i), Florida State 3 that my signature shall have the same le report as required by Chapter 617, Florid	rigal effect as if made under oath; that a Statutes; and that my name	