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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N13924

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		3. Date Incorporated or Qualified	
21		26		03/20/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2686036	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TORRENCE, SALIMAH KARIM 2188 WEST 13TH STREET JACKSONVILLE FL 32203-2269				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	TORRENCE, SALIMAH KARIM	1.2 NAME	Salimah Karim Torrence
STREET ADDRESS	4628 HEARTSTONE CT	1.3 STREET ADDRESS	4628 Heartstone Ct
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	Jacksonville FL 32244
TITLE	VPD	2.1 TITLE	
NAME	THOMAS, LAVERN	2.2 NAME	CARTER, LAVERN
STREET ADDRESS	9651 SIBBALD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	Cobb, Teresa
NAME	COBB, TERESA D	3.2 NAME	
STREET ADDRESS	7871 GULF RD S	3.3 STREET ADDRESS	7871 Gulf Rd S
CITY-ST-ZIP	JACKSONVILLE FL 32244	3.4 CITY-ST-ZIP	Jacksonville FL 32244
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Salimah Karim Torrence* DATE: 2/11/1999 DAYTIME PHONE: 904.358.8986

CR2E037 (11/98)