

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 24, 2000 8:00 am
Secretary of State

05-01-2000 90548 022 ****61.25

DOCUMENT # N13924

Entity Name

COMMUNITY FOR UNDER PRIVILEGED CHILDREN, INC.

3

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 32203-2269 US	
2. Principal Place of Business 2188 W. 13th Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2269 Suite, Apt. #, etc.	
City & State JAX. FL.		City & State JAX. FL.	
Zip 32209		Country U.S.	
4. FEI Number 59-2686036		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRENCE, SALIMAH KARIM 2188 WEST 13TH STREET JACKSONVILLE FL 32203-2269		7. Name and Address of New Registered Agent	



DO NOT WRITE IN THIS SPACE

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	TORRENCE, SALIMAH KARIM 4628 HEARTSTONE CT JACKSONVILLE FL 32257	TITLE President D	SALIMAH KARIM TORRENCE 4628 HEARTSTONE CT
TITLE VPD	CARTER, LAVERN 9651 SIBBALD RD JACKSONVILLE FL	TITLE VICE PRESIDENT D	LAVERN CARTER 9651 SIBBALD RD JAX. FLA. 32208
TITLE SD	COBB, TERESA D 7871 GULF RD S JACKSONVILLE FL 32244	TITLE SECRETARY D	TERESA COBB 7871 GULF RD S JAX. FLA. 32244
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Salimah Karim Torrence* Date: *4/24/2000* Daytime Phone #: *904-358-8986*

CR2E037 (9/99)