

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13924

1. Entity Name

COMMUNITY FOR UNDER PRIVILEGED CHILDREN, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90055 045 *****61.28

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

Community For Under Privileged

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2269-2203

Suite, Apt. #, etc.

City & State

Jax. FL

City & State

Jax. FL

4. FEI Number

59-2686036

Applied For

Not Applicable

Zip

32209

Country

U.S.

Zip

32209

Country

U.S.

5. Certificate of Status Desired ☐ \$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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CARTER, LAVERN
9651 SIBBALD RD
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/2001

Daytime Phone # 904-3588986

CR2E037 (10/00)