

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13924

FILED
Mar 12, 2004
Secretary of State

Entity Name: COMMUNITY FOR UNDER PRIVILEGED CHILDREN, INC.

Current Principal Place of Business:

COMMUNITY FOR UNDER PRIVILEGED
2188 WEST 13TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2686036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENCE, SALIMAH KARIM
2188 WEST 13TH STREET
JACKSONVILLE, FL 322032269 US

Name and Address of New Registered Agent:

TORRENCE, SALIMAH K
2188 WEST 13TH STREET
JACKSONVILLE, FL 322032269 US

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: SALIMAH K. TORRENCE

03/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRENCE, SALIMAH KA, RIM
Address: 4628 HEARTSTONE CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: CARTER, LAVERN
Address: 9651 SIBBALD RD
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: COBB, TERESA D,
Address: 7871 GULF RD S
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CARTER, LAVERN
Address: P.O. BOX 2269
City-St-Zip: JACKSONVILLE, FL 32203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALIMAH K. TORRENCE

PD

03/12/2004

Electronic Signature of Signing Officer or Director

Date