

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N13924**

1. Entity Name  
**COMMUNITY FOR UNDER PRIVILEGED CHILDREN,  
INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**07 MAY 30 AM 5:35**

Principal Place of Business <b>COMMUNITY FOR UNDER PRIVILEGED 2188 WEST 13TH STREET JACKSONVILLE, FL 32209</b>	Mailing Address <b>P O BOX 2269 2188 WEST 13TH STREET JACKSONVILLE, FL 32203 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2188 West 13th Street</b>	3. Mailing Address <b>P.O. Box 2269</b>
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05212007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Jacksonville FL</b>	City & State <b>JACK. FL.</b>
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4. FEI Number <b>59-2686036</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32209</b>	Country <b>U.S</b>	Zip <b>32203</b>	Country <b>U.S</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TORRENCE, SALIMAH K  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Salimah Karim Torrence*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRENCE, SALIMAH KARIM 4628 HEARTSTONE CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARTER, LAVERN P.O. BOX 2269 JACKSONVILLE, FL 32203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBB, TERESA D 7871 GULF RD S JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/18/07--01053--001 \*\*69.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 5/25/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # \_\_\_\_\_