

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

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

2. Principal Place of Business - No P.O. Box #

2188 West 13th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2269

Suite, Apt. #, etc.

05212007 Chg-NP CR2E037 (12/06)



City & State

Jacksonville FL

City & State

Jax. FL

4. FEI Number

59-2686036

Applied For

Not Applicable

Zip

32209

Country

U.S.
Dural

Zip

32203

Country

U.S.

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

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

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

TITLE VPD
NAME CARTER, LAVERN ☐ Delete
STREET ADDRESS P.O. BOX 2269
CITY-ST-ZIP JACKSONVILLE, FL 32203

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/25/2007