



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13924</b>	
1. Entity Name <b>COMMUNITY FOR UNDER PRIVILEGED CHILDREN, INC.</b>	

Principal Place of Business <b>2188 WEST 13TH STREET JACKSONVILLE, FL 32209</b>	Mailing Address <b>P O BOX 2269 JACKSONVILLE, FL 32203 US</b>
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DO NOT WRITE IN THIS SPACE

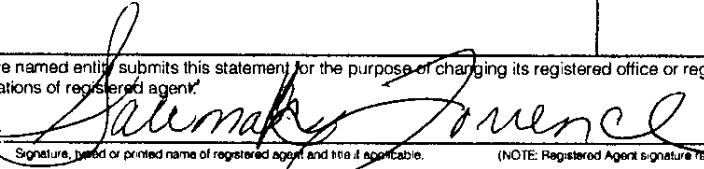
	
06042008 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>59-2686036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**TORRENCE, SALIMAH K  
2188 WEST 13TH STREET  
JACKSONVILLE, FL 32203-2269**

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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:  DATE: **5/30/08**

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

Filing Fee is \$61.25  
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD TORRENCE, SALIMAH KARIM 4628 HEARTSTONE CT JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD CARTER, LAVERN P.O. BOX 2269 JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD COBB, TERESA D 7871 GULF RD S JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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U00000952863  
06/06/08-80001-018 61.25

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:  DATE: **5/30/08** DAYTIME PHONE #: **904-358-8986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR