

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13924

FILED  
Nov 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2188 WEST 13TH STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

5152 VERNON ROAD  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

P O BOX 2269  
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 K  
2188 WEST 13TH STREET  
JACKSONVILLE, FL 322032269 US

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

11/20/2009

Electronic Signature of Signing Officer or Director

Date