

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34677

FILED
Apr 29, 2004
Secretary of State**Entity Name:** COMMUNITY LAW PROGRAM, INC.**Current Principal Place of Business:**501 1ST AVENUE NORTH
SUITE 504
SAINT PETERSBURG, FL 33701 US**New Principal Place of Business:****Current Mailing Address:**501 1ST AVENUE NORTH
SUITE 504
SAINT PETERSBURG, FL 33701 US**New Mailing Address:****FEI Number:** 59-2970727 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ST PETERSBURG BAR ASSOCIATION
2600 9TH STREET NORTH
ST PETERSBURG FL, FL 33704 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: CUNNINGHAM, JOHN P.,
Address: 641 1ST STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 337310358**Title:** S/D () Delete
Name: LOPEZ, KAREN B.,
Address: 699 1ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33701**Title:** T/D () Delete
Name: BERGMAN, NORA RIVA
Address: 2600 9TH ST 6TH FLOOR
City-St-Zip: SAINT PETERSBURG, FL 33704**Title:** D () Delete
Name: SLICKER, WILLIAM D
Address: 447 3RD AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33701**Title:** V/D () Delete
Name: OLSON, STEWART O
Address: 100 FAREHAM PLACE
City-St-Zip: ST. PETERSBURG, FL 33701**Title:** P () Delete
Name: WORMAN, JEFF ESQ
Address: 100 SECOND AVENUE SOUTH, SUITE 300S
City-St-Zip: SAINT PETERSBURG, FL 33701**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change () Addition
Name: RODGERS, KIMBERLY ESQ.
Address: 475 CENTRAL AVE, STE 401
City-St-Zip: ST PETERSBURG, FL 337310**Title:** S/D (X) Change () Addition
Name: LOPEZ, KAREN ESQ.
Address: 2461 1ST AVE, N.
City-St-Zip: SAINT PETERSBURG, FL 33701**Title:** V/D (X) Change () Addition
Name: BERGMAN, NORA RIVA
Address: 2600 9TH ST 6TH FLOOR
City-St-Zip: SAINT PETERSBURG, FL 33704**Title:** T/D (X) Change () Addition
Name: BATTAGLIA, BRAIN ESQ.
Address: PO BOX 41100
City-St-Zip: ST PETERSBURG, FL 33743**Title:** D (X) Change () Addition
Name: JEFF, GATES
Address: 545 1ST AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33701**Title:** D (X) Change () Addition
Name: WORMAN, JEFF ESQ
Address: 100 SECOND AVENUE SOUTH, SUITE 300S
City-St-Zip: SAINT PETERSBURG, FL 33701

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: KAREN B. LOPEZ

S/D

04/29/2004

Electronic Signature of Signing Officer or Director

Date