

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41276

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHILD HEALTH ASSISTANCE PROJECT, INC.

Current Principal Place of Business:

145 EAST RICH AVENUE
SUITE A
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

145 EAST RICH AVENUE
SUITE A
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3044960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, G. NEAL
809 N. STONE ST.
DELAND, FL 32720 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: VPD () Delete
Name: WIGGINS, G. NEAL,
Address: 809 N. STONE ST.
City-St-Zip: DELAND, FL

Title: PD () Delete
Name: ZIMMERMAN, MARK A.,
Address: 431 E. NEW YORK AVE.
City-St-Zip: DELAND, FL

Title: TD () Delete
Name: LUDWIG, MARY JEAN,
Address: 145 E RICH AVE STE A
City-St-Zip: DELAND, FL 32724

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: MARY JEANNE LUDWIG

TD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date