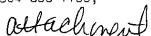
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am § Secretary of State DOCUMENT # **N49230** 1. Entity Name 05-01-2003 90144 036 ****61.25 CPJ HOUSING, INC. Principal Place of Business Mailing Address 2418 SCHUMACHER AVE 3311 BEACH BLVD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-3893 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3246293 Applied For Not Applicable Zip Country Country -- · Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERS, HOLLY C Street Address (P.O. Box Number is Not Acceptable) CEREBRAL PALSY OF NORTHEAST FLORIDA, INC. 3311 BEACH BLVD. JACKSONVILLE FL 32207-3893 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition PETERS, HOLLY C NAME NAME STREET ADDRESS 3311 BEACH BLVD STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition DEFOOR, DAN NAME NAME 929 BROOKMONT: AVE-E-STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32211 TITLE Delete TITLE Change Addition MILLER, MICHELLE NAME NAME STREET ADDRESS 647 MONTEGO RD WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32216 ☐ Delete ☐ Change TITLE TITI E Addition CORA, LALLI NAME NAME STREET ADDRESS STREET ADDRESS 5620 STELTON AVE Jacresonville FC CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32277 TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville

12. I hereby certify that the information supplied with this filing does not qualify 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 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 por trustee embowered 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:**

ent By: CEREBRAL PALSY OF NORTHEAST FLOR;904 396 1199;





CPJ HOUSING INC. 2418 SCHUMACHER AVENUE JACKSONVILLE, FL 32207

#N 49230

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