2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000291

FILED Apr 05, 2004 Secretary of State

Entity Name: COMMUNITY INTERVENTION AND RESEARCH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 1629 MAHAN CENTER BLVD. TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1629 MAHAN CENTER BLVD. TALLAHASSEE, FL 32308 US FEI Number: 59-3160048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATRICK, JAMES 4263 MILLWOOD LANE TALLAHASSEE, FL 32312 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PATRICK, JAMES Name: Name: Address: 4263 MILLWOOD LANE Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BURKHEAD, CHARLES Name: Address: RT. 3 BOX 3975 Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip: Title: () Delete Title: () Change () Addition BURKHEAD, EVELYN Name: Name: Address: RT. 3 BOX 3975 Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip:

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: JAMES PATRICK DP 04/05/2004