### 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

### DOCUMENT # N95000000276

1. Entity Name ---CJC SERVICES CORPORATION

Principal Place of Business

1020 E. LAFAYETTE STREET

205A

TALLAHASSEE, FL 30301

Mailing Address

1020 E. LAFAYETTE STREET

205A

TALLAHASSEE, FL 30301

FILED 04 APR 30 AM 10: 08

SECRETART OF STATE TALLAHASSEE, FLORIDA



04302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number	Applied For
59-3291517	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

THOMAS, SEMMEAL REV. 233 MT. ZION CHURCH ROAD

HAVANA, FL 32333

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for ions of registered agent.	the purpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Fiorida	a. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	<del></del>	DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
title Name Street address	P WHITESIDE-CURRY, C. 1000 SEMINOLE DRIVE					
CITY-ST-ZIP	TALLAHASSEE, FL 32301				<b>4</b> 779	



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10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	WHITESIDE-CURRY, C.
STREET ADDRESS	1000 SEMINOLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VP
NAME	CURRY, CRYST'N J
STREET ADDRESS	1000 SEMINOLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	SCOTT, A.L.
STREET ADDRESS	425 OSCEOLA STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	BRICE, D.L.
STREET ADDRESS	5180 FIELDGREEN CROSSING
CITY-ST-ZIP	STONE MOUNTAIN, GA 30088
TITLE	ם
NAME	WHITESIDE, CHARLES
STREET ADDRESS	7540 N. WOLCOTT AVENUE
CITY-ST-ZIP	CHICAGO, IL 60626
TITLE	D
NAME	UPCHURCH-SCOTT, TERRI
STREET ADDRESS	2305 SPOONWOOD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
40 I banalan	qualify the state information as making a simple state filling deep not as all full for the on

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 or trustee empowered to execute this report are equired 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:

(850)442-6188