

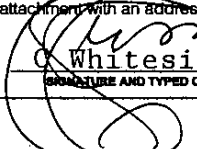


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 023 ****70.00

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		
2. Principal Place of Business 1851 South Monroe St.		3. Mailing Address PO Box 248			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006 Chg-NP CR2E037 (11/05)	
City & State Tallahassee, FL		City & State Dayton, OH		4. FEI Number 59-3291517	
Zip 32301		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, SEMMEAL REV. 233 MT. ZION CHURCH ROAD HAVANA, FL 32333		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME WHITESIDE-CURRY, C. <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1851 South Monroe Street	
STREET ADDRESS 1000 SEMINOLE DRIVE	CITY-ST-ZIP TALLAHASSEE, FL 32301		STREET ADDRESS 1851 South Monroe Street	CITY-ST-ZIP Tallahassee, FL 32301	
TITLE VP	NAME CURRY, CRYSTN J <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1851 South Monroe Street	
STREET ADDRESS 1000 SEMINOLE DRIVE	CITY-ST-ZIP TALLAHASSEE, FL 32301		STREET ADDRESS 1851 South Monroe Street	CITY-ST-ZIP Tallahassee, FL 32301	
TITLE D	NAME SCOTT, A.L. <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 338 W. Harrison Street	
STREET ADDRESS 425 OSCEOLA STREET	CITY-ST-ZIP TALLAHASSEE, FL 32301		STREET ADDRESS 338 W. Harrison Street	CITY-ST-ZIP Tallahassee, FL 32301	
TITLE D	NAME BRICE, D.L. <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 5180 FIELDGREEN CROSSING	CITY-ST-ZIP STONE MOUNTAIN, GA 30088		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME WHITESIDE, CHARLES <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 7540 N. WOLCOTT AVENUE	CITY-ST-ZIP CHICAGO, IL 60626		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME UPCHURCH-SCOTT, TERRI <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 	
STREET ADDRESS 2305 SPOONWOOD DRIVE	CITY-ST-ZIP TALLAHASSEE, FL 32303		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Whiteside-Curry			4/26/06 (850) 212-7287		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		