2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000007193

TI FILED

May 06, 2009

Secretary of State

Entity Name: COMMUNITY PARTNERSHIP FOR CHILDREN, INC.

Current Principal Place of Business: New Principal Place of Business: 160 N. BEACH ST 2ND FLR DAYTONA BEACH, FL 32114 **New Mailing Address: Current Mailing Address:** 160 N BEACH ST 2ND FL DAYTONA BEACH, FL 32114 FEI Number: 59-3614241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ZYCHOWSKI, RONALD M CEO SMITH, RACHEL CEO 160 N. BEACH ST., 2ND FLOOR 160 N. BEACH ST., 2ND FLOOR DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 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: RACHEL SMITH 05/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BENDIX, JOSEPH Name: Name: 160 N BEACH ST Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: Title: () Delete () Change () Addition DANIELS, DOUGLAS Name: Name: Address: 160 N BEACH ST Address: City-St-Zip: DAYTONA BEACH, FL 32792 City-St-Zip: Title: () Delete Title: () Change () Addition SCHWENKER, CARL DR Name: Name: Address: 160 N BEACH ST Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GRIFFIN, BILL Name: Address: 160 N BEACH ST Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition LOWE, JERALYNN Name: Name: 160 N BEACH ST Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition ALLEN-KELSEY, JANICE Name: Name: Address: 160 N BEACH ST. Address: DAYTONA BEACH, FL 32119 City-St-Zip: 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: BILL GRIFFIN C 05/06/2009