

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006911

FILED
Apr 26, 2009
Secretary of State

Entity Name: COMMUNITY PROGRAMS CONSULTING, INC.

Current Principal Place of Business:

322 NW HOUSTON AVE
LIVE OAK, FL 32064 US

New Principal Place of Business:

402 NW HOUSTON AVE
LIVE OAK, FL 32064 US

Current Mailing Address:

322 NW HOUSTON AVE
LIVE OAK, FL 32064 US

New Mailing Address:

402 NW HOUSTON AVE
LIVE OAK, FL 32064 US

FEI Number: 59-3235410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, GINA R
322 NW HOUSTON AVE
LIVE OAK, FL 33064 US

Name and Address of New Registered Agent:

EDWARDS, GINA R
402 NW HOUSTON AVE
LIVE OAK, FL 33064 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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDWARDS, RICHARD
Address: 322 NW HOUSTON AVE
City-St-Zip: LIVE OAK, IL 32064

Title: D () Delete
Name: EDWARDS, GINA
Address: 322 NW HOUSTON AVE
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDWARDS, RICHARD
Address: 402 NW HOUSTON AVE
City-St-Zip: LIVE OAK, IL 32064

Title: D (X) Change () Addition
Name: EDWARDS, GINA
Address: 402 NW HOUSTON AVE
City-St-Zip: LIVE OAK, FL 32064

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD EDWARDS

D

04/26/2009

Electronic Signature of Signing Officer or Director

Date