2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2004
Secretary of State

DOCUMENT# 702487

Entity Name: CORAL GABLES PEOPLE TO PEOPLE PROGRAM, INC.

Current Principal Place of Business:

3663 AVOCADO AVE
COCONUT GROVE, FL 331344737

New Principal Place of Business:

Current Mailing Address:

3663 AVOCADO AVE
COCONUT GROVE, FL 331344737

New Mailing Address:

FEI Number: 59-6158815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMSON, JOHN M
370 MINORCA AVENUE
SUITE ONE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: FERRIERA, BOB
Address: 3663 AVOCADO AVE
City-St-Zip: COCONUT GROVE, FL 331344737

Title: D ( ) Delete
Name: SNEDIGAR, JAMES
Address: 391 ARAGON AVE., STE. 208
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: TERRY, CHARLES H JR
Address: 3223 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: FERREIRA, MARGARET L
Address: 3663 AVOCADO AVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: BOB FERREIRA D 03/13/2004

Electronic Signature of Signing Officer or Director — Date