

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702487

FILED
Apr 25, 2008
Secretary of State

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

Current Principal Place of Business:

3663 AVOCADO AVE
COCONUT GROVE, FL 33133

New Principal Place of Business:

3081 SALZEDO STREET
306
CORAL GABLES, FL 33134 US

Current Mailing Address:

3663 AVOCADO AVE
COCONUT GROVE, FL 33133

New Mailing Address:

3081 SALZEDO STREET
306
CORAL GABLES, FL 33134 US

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:

THOMSON, JOHN M
3081 SALZEDO STREET
SUITE 306
CORAL GABLES, FL 33134 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: JOHN M. THOMSON

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: PRES (X) Change () Addition
Name: THOMSON, DOROTHY H
Address: 3081 SALZEDO STREET, SUITE 306
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SECR (X) Change () Addition
Name: THOMSON, JOHN M
Address: 3081 SALZEDO STREET, SUITE 306
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TREA (X) Change () Addition
Name: HARRING, DAN
Address: 7700 N. KENDALL DRIVE, SUITE 807
City-St-Zip: MIAMI, FL 33156 US

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: DOROTHY H. THOMSON

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date