NOT-FOR-PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

FILED .

ATX1

	UNIFURINI BUSINE	35 KEPURT	UB	K)				
DOCUMENT# 702487						D3 DEC 10 PH 3:	20	
1. Entity Name								
						SECRETARY OF STATE		
].	TALLAHASSEE. FLOP	ILIA	
CORAL GABLES PEOPLE TO PEOPLE PROGRAM, INC.					- ITALIZENI	(大) · 女 · 女 · 女 · 女 · 女 · 我 @	\05°	
DO NOT WOITE IN THIS ODA OF					NE IN	SIAMME	02-03	
DO NOT WRITE IN THIS SPACE					5	00025388		
Principal Place of Business 3. Mailing Address					42/1	0/0301034029	**297.S0	
3663 AVOC	3. Mailing Address 3663 AVOCADO AV	663 AVOCADO AVENUE			•			
Suite, Apt	Suite, Apt. #, etc,	Suite, Apt. #, etc.			DO NOT WRITE IN T	THIS SPACE		
City & State	<u> </u>	City & State			4. FEI Numbe	4. FEI Number Applied For		
	GROVE, FL	COCONUT GROVE, FL			59-6158815	5	Not Applicable	
Zip .	Country	1		untry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<u>33134-4737</u>	7 DADE 33134-4737		DAD) <u>E</u>	7. Name and	7. Name and Address of New Registered A g e n t		
اً ا	DO NOT WR		Name					
1	•			THOMSON, JOHN M. Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				370 MINORCA AVENUE, SUITE ONE				
				City	City Code			
				1 -	CORAL GABLES FL Zip Code 33134			
8. The above	named entity submits this statement for	the purpose of changing its r	egiste	red office or reg	gistered agent, or both	n, in the state of Florida.		
SIGNATURE								
<u> </u>	Sylatore types of private frame of registere	agent and the n applicable. (176		- Parel ed Adei II a	gratore required when i			
FEE IS \$61.25 9. Election Campaign Financing \$5.0						Make Check	Payable to	
Initial or Amended UBR Trust Fund Contributi					Added to Fees	Departmen		
·				·				
10.	OFFICERS AND DIF	RECTORS						
NAME	•		TIT				}	
STREET ADDRESS	I		STF	REET ADDRESS				
CITY-ST-ZIP COCONUT GROVE, FL 33134-473		34-4734	СІТ	Y-ST-ZIP				
TITLE	D		ТІТ	,				
NAME STREET ADDRESS	SNEDIGAR, JAMES		NA	EET ADDRESS		and the second	į	
CITY-ST-ZIP	391 ARAGON AVE., STE. 20 CORAL GABLES, FL 33134	78		Y-ST-ZIP		•	1	
TITLE	D			LE				
NAME	TERRY, CHARLES H., JR.		NA		•			
STREET ADDRESS	VALUE OF THE CANADA			REET ADDRESS	DO NOT WRITE			
CITY-ST-ZIP CORAL GABLES, FL 33134			CIT	Y-ST-ZIP	· <u>-</u>	DO NOT WINT	<u>La</u>	
TITLE NAME	D FERREIRA, MARGARET L.		TIT	1		IN THIS SPAC	E !	
STREET ADDRESS			- 6	EET ADDRESS			1	
CITY-ST-ZIP COCONUT GROVE, FL 33134-4734			CIT	Y-ST-ZIP				
TIME A TOTAL AND A			TIT			w,		
NAME			nAl	ME EET ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP			::	Y-ST-ZIP	1.1.4			
TITLE			TIT	IF I	·			
NAME			NAI					
STREET ADDRESS				EET ADDRESS			-	
CITY-ST-ZIP	diffy that the information assertion as	in filling does not availe, for the		Y-ST-ZIP	Section 440 07/21/21	Florido Statutan I fueltas and	in that the	
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corresponding or the required to execute this forest by control by Charles Statutes and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corresponding or the required to execute the Charles Statutes.								
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 on an attachment with an address, with all other like empowered.								
SIGNATURE: Opper Telssela ROBERT FERREIRA 12-8-03 305 2849969								
Date Dayline Phone II								