

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744103

FILED
Feb 02, 2012
Secretary of State

Entity Name: THE COLLEGE ASSISTANCE PROGRAM (CAP) OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 US

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 US

New Mailing Address:

FEI Number: 65-0082772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MIAMI FOUNDATION
200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 331315330 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: DP
Name: ANZIVINO, JOHN R
Address: 2699 S. BAYSHORE DRIVE, SUITE 500
City-St-Zip: MIAMI, FL 33133 US

Title: DVP
Name: WITHERSPOON, LIBBY
Address: 1450 BRICKELL AVENUE, 27TH FLOOR
City-St-Zip: MIAMI, FL 33131 US

Title: DT
Name: MARTINEZ, XAVIER
Address: 200 SOUTH BISCAYNE BOULEVARD, SUITE 3050
City-St-Zip: MIAMI, FL 33131 US

Title: DS
Name: MERCEDES, PONCE
Address: 11200 SW 8TH STREET PC112D
City-St-Zip: MIAMI, FL 33199 US

I hereby 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 all other like empowered.

SIGNATURE: EVEN GARCIA

COOR

02/02/2012

Electronic Signature of Signing Officer or Director

Date