# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2008**
**Secretary of State**

DOCUMENT# 755439

**Entity Name:** GRACE CONTRINO ABRAMS PEACE EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

1900 BISCAYNE BLVD.
MIAMI, FL 331321025 US

**New Principal Place of Business:**

**Current Mailing Address:**

1900 BISCAYNE BLVD.
MIAMI, FL 331321025 US

**New Mailing Address:**

**FEI Number: 59-2107005** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VAN BYLEVELT, LLOYD
1900 BISCAYNE BLVD.
MIAMI, FL 33132 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: TD ( ) Delete
Name: LEATHERS, ROBERT
Address: 2501 SW 9TH AVENUE
City-St-Zip: MIAMI, FL 33129

Title: SD ( ) Delete
Name: NEUMANN, GAIL
Address: 11220 SW 201 175TH STREET
City-St-Zip: MIAMI, FL 33150

Title: CD ( ) Delete
Name: THOMPSON, ANNE
Address: 1900 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: P ( ) Delete
Name: VAN BYLEVELT, LLOYD
Address: 1900 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33132

**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 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: LLOYD VAN BYLEVELT PRES 04/04/2008

Electronic Signature of Signing Officer or Director — Date