816683

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special instructions to Filing Officer: |
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Office Use Only



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07/21/04 -01035--022 **35.00





FILING REQUEST

July 16, 2004

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

PROJECT HOPE - THE PEOPLE-TO-PEOPLE HEALTH

FOUNDATION, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #16125 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of itted for a corporation organized under the laws of the State of District of Columbia in order | |
|---|--|--|
| | gistered office or registered agent, or both, in the State of Florida. | |
| 1. The name of | the corporation: The People-to-People Health Foundation, Inc. | |
| 2. The principal | office address: 255 Carter Hall Lane, Millwood, VA 22646 | |
| 3. The mailing a | address (if different): | |
| 4. Date of incorp | poration/qualification: 2/5/1963 Document number: 816683 | |
| | d street address of the current registered agent and registered office on file with the timent of State: | |
| | CT Corporation System | |
| | 1200 S. Pine Island Road | |
| | Plantation, FL 33324 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | |
| | NRAI Services, Inc. | |
| | 526 E. Park Avenue | |
| | (P.O. Box or personal mailbox NOT acceptable) | |
| | Tallahassee, FL 32301 | |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, as eidentical. | |
| Such change wa | as authorized by resolution duly adopted by its board of directors or by an officer so authorized by e corporation has been notified in writing of the change. | |
| (2 | Deborah R. Iwig / Vice President and CFO (Printed or typed name and title) | |
| - neen nounea in | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of my a familiar with and accept the obligation of my position as registered agent. Or, if this document is ely to reflect a change in the registered office address, I hereby confirm that the corporation has writing of this change. | |
| | (Signature of Registered Agent) (Date) | |
| If signing on be | shalf of an entity: | |
| - Jacks | (Typed or Printed Name) (Capacity) (Capacity) | |

* * * FILING FEE: \$35.00 * * *