2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# N02000005682

Entity Name: GRAND HARBOR COMMUNITY OUTREACH PROGRAM, INC.

Current Principal Place of Business:

P.O. BOX 644017
VERO BEACH, FL 32964

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 644017
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 51-0418002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, THOMAS A
5620 N. HARBOR VILLAGE DR.
403
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

SULLIVAN, PETER F
5440 E. HARBOR VILLAGE DRIVE
VERO BEACH, FL 32967 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: PETER F. SULLIVAN 04/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MELNICK, ELIZABETH R
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

Title: V ( ) Delete
Name: THORPE, DAVID L
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

Title: T ( ) Delete
Name: PORTER, THOMAS A
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARRELL, MICHAEL K
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

Title: V (X) Change ( ) Addition
Name: TRACY, EDWARD J
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

Title: T (X) Change ( ) Addition
Name: SULLIVAN, PETER F
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

Title: V ( ) Change (X) Addition
Name: PETERSON, DAVID C
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

Title: V ( ) Change (X) Addition
Name: TERRY, SULLIVAN
Address: P.O. BOX 644017
City-St-Zip: VERO BEACH, FL 32964

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER F. SULLIVAN T 04/14/2006
Electronic Signature of Signing Officer or Director Date