2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005682

FILED Feb 02, 2009 Secretary of State

Entity Name: GRAND HARBOR COMMUNITY OUTREACH PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 644017 4985 CLUB TERRACE VERO BEACH, FL 32964 VERO BEACH, FL 32964

Current Mailing Address: New Mailing Address:

P.O. BOX 644017 VERO BEACH, FL 32964

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

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

SULLIVAN, PETER F
5440 E. HARBOR VILLAGE DRIVE
VERO BEACH, FL 32967 US

CATAPANAO, JOSEPH
5215 ST. ANDREWS IS. 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: JOSEPH CATAPANO 02/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HARRELL, MICHAEL K
 Name:
 PHIPPS, JOHN

 Address:
 P.O. BOX 644017
 Address:
 P.O. BOX 644017

 City-St-Zip:
 VERO BEACH, FL 32964
 City-St-Zip:
 VERO BEACH, FL 32964

Address: P.O. BOX 644017 Address: P.O. BOX 644017 City-St-Zip: VERO BEACH, FL 32964 City-St-Zip: VERO BEACH, FL 32964

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SULLIVAN, PETER F
 Name:
 CATAPANO, JOSEPH

 Address:
 P.O. BOX 644017
 Address:
 P.O. BOX 644017

 City-St-Zip:
 VERO BEACH, FL 32964
 City-St-Zip:
 VERO BEACH, FL 32964

Title: V () Delete Title: () Change () Addition

 Name:
 STIANSEN, LUELLA
 Name:

 Address:
 P.O. BOX 644017
 Address:

 City-St-Zip:
 VERO BEACH, FL 32964
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 TERRY, SULLIVAN
 Name:
 MARTIN, CARDER

 Address:
 P.O. BOX 644017
 Address:
 P.O. BOX 644017

 City-St-Zip:
 VERO BEACH, FL 32964
 City-St-Zip:
 VERO BEACH, FL 32964

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: JOSEPH CATAPANO TREA 02/02/2009

Electronic Signature of Signing Officer or Director

Date