

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2008
Secretary of State

DOCUMENT# N05000003576

Entity Name: CORAL REEFS 101 FOUNDATION, INC.**Current Principal Place of Business:**1111 NW 48TH STREET
FORT LAUDERDALE, FL 33309**New Principal Place of Business:****Current Mailing Address:**1111 NW 48TH STREET
FORT LAUDERDALE, FL 33309**New Mailing Address:****FEI Number:** 14-1926825**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**OLSON, CARL R MR.
111 NW 48TH STREET
FT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**OLSON, CARL R MR.
1111 NW 48TH STREET
FT LAUDERDALE, FL 33309 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: CARL OLSON

10/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OLSON, CARL
Address: 1111 NW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: CURTIS, CAROL MS.
Address: 1111 NW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: ALLISON-COHEN, LYNNIA MS.
Address: 8022 FISHER ISLAND DRIVE
City-St-Zip: MAIMI, FL 33109

Title: D () Delete
Name: PFENDER, VICTORIA
Address: 1111 NW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Delete
Name: RICKERT, KAMI
Address: 1111 NW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Delete
Name: HALEY, MIKE PHD
Address: 1111 NW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RICKERT, KAMI MS
Address: 1111 NW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change () Addition
Name: HALEY, MIKE PHD
Address: 1111 NW 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

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: CARL OLSON

PRES

10/03/2008

Electronic Signature of Signing Officer or Director

Date