

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90016 045 ****61.25

DOCUMENT # N06000004280

1. Entity Name
COLLEGE INTERNSHIP PROGRAM FOUNDATION, INC.



Principal Place of Business
3716 N. WICKHAM RD.
MELBOURNE, FL 32935

Mailing Address
3716 N. WICKHAM RD.
MELBOURNE, FL 32935

2. Principal Place of Business - No P.O. Box #

17 Main Street

Suite, Apt. #, etc.

Suite 1

City & State

Lee, MA

Zip

01238

Country

USA

3. Mailing Address

17 Main Street

Suite, Apt. #, etc.

Suite 1

City & State

Lee, MA

Zip

01238

Country

USA

02182008

Chg-NP

CR2E037 (12/06)

4. FEI Number

~~20-0657202~~ 20-4742364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBY, DAVID H. ESQ.
2111 DAIRY RD.
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME MCMANMON, MICHAEL
STREET ADDRESS 18 PARK ST
CITY-ST-ZIP LEE, MA 01238

TITLE D ☐ Delete
NAME WHEATLEY, J. MICHAEL
STREET ADDRESS 18 PARK ST
CITY-ST-ZIP LEE, MA 01238

TITLE D ☐ Delete
NAME KROIZ, BARBARA
STREET ADDRESS 815 ROSCOMMON RD
CITY-ST-ZIP BRYN MAWR, PA 19010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/08 413-243-0710