

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001144

FILED
May 03, 2004
Secretary of State**Entity Name:** THE CREATING POSITIVE CHANGE FOUNDATION, INC.**Current Principal Place of Business:**1350 E. SUNRISE BLVD.
#127
FORT LAUDERDALE, FL 33304**New Principal Place of Business:****Current Mailing Address:**1350 E. SUNRISE BLVD.
#127
FORT LAUDERDALE, FL 33304**New Mailing Address:****FEI Number:** 65-0655930 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PARKER, NAOMI
412 NE 26 ST
WILTON MANORS, FL 33305 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: PARKER, NAOMI
Address: 412 NE 26 ST
City-St-Zip: WILTON MANORS, FL 33305**Title:** DV () Delete
Name: KING, MAUD G
Address: 2471 NW 30TH WAY
City-St-Zip: FT LAUDERDALE, FL 33311**Title:** DVP () Delete
Name: MILLIN-MEUS, INES
Address: 412 NE 26 ST
City-St-Zip: WILTON MANOR, FL 33305**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: KING, MAUD G
Address: 2471 NW 30TH WAY
City-St-Zip: FT LAUDERDALE, FL 33311**Title:** DVP (X) Change () Addition
Name: MILLIN-MEUS, INES
Address: 412 NE 26TH STREET
City-St-Zip: FT LAUDERDALE, FL 33305**Title:** ST (X) Change () Addition
Name: LOPES, RAQUEL
Address: 15959 SW 95TH AVENUE, #19A
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAUD G. KING

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date