

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005263

FILED
Apr 25, 2009
Secretary of State

Entity Name: GIVING ASSISTANCE TO PROMOTE PROGRESS, INC.

Current Principal Place of Business:

754 OPA LOCKA BLVD.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

754 OPA LOCKA BLVD.
MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-0721493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCEWAN, FELIX F
754 OPA LOCKA BLVD.
MIAMI, FL 33168 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: P () Delete
Name: MCEWAN, FELIX
Address: 10945 S.W. 152 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: NELSON, ELAINE
Address: 11184 BRANDYWINE LAKE WAY
City-St-Zip: BOYNTON BEACH, FL 33473

Title: D () Delete
Name: SCULLEY, OTHNEIL
Address: 6300 S.W. 20 STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: JAMES, ROBERT DR
Address: 6230 SW 18 PLACE
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: MCEWAN, FELICIA
Address: 10945 SW 152 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: MAHON, DAVID
Address: 1465 NW 143 STREET
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WILMOT, ORAL
Address: 7908 PEMBROKE ROAD
City-St-Zip: MIRAMAR, FL 33023

Title: S (X) Change () Addition
Name: ROBINSON, SIMONE
Address: 21050 NW 14TH PL
City-St-Zip: MIAMI, FL 33169

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: FELIX MCEWAN

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date