2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P00518

Entity Name: COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC.

Current Principal Place of Business:

151 ELLIS ST
ATLANTA, GA 303032426

New Principal Place of Business:

Current Mailing Address:

151 ELLIS ST
ATLANTA, GA 303032426

New Mailing Address:

FEI Number: 13-1685039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
111380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: GAYLE, HELENE DR
Address: 151 ELLIS ST
City-St-Zip: ATLANTA, GA 30303

Title: VC ( ) Delete
Name: HUNTLEY, LYNN W
Address: 151 ELLIS ST
City-St-Zip: ATLANTA, GA 30303

Title: VC ( ) Delete
Name: MORGRIDGE, JOHN P
Address: 151 ELLIS ST
City-St-Zip: ATLANTA, GA 30303

Title: C ( ) Delete
Name: CUTTER, BOWMAN W III
Address: 151 ELLIS ST
City-St-Zip: ATLANTA, GA 30303

Title: S ( ) Delete
Name: HUDSON, CAROL
Address: 151 ELLIS ST
City-St-Zip: ATLANTA, GA 30303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: COO (X) Change ( ) Addition
Name: HOLLINGWORTH, STEVE
Address: 151 ELLIS ST
City-St-Zip: ATLANTA, GA 30303

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: HELENE GAYLE P 01/28/2009

Electronic Signature of Signing Officer or Director — Date