

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007155

Entity Name: CARIBBEAN PEOPLE'S RELIEF, INC.**Current Principal Place of Business:**380 HARVARD ROAD
VENICE, FL 34293**Current Mailing Address:**380 HARVARD ROAD
VENICE, FL 34293 US**FEI Number:** 81-0653633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RYAN, GERALD E
380 HARVARD ROAD
VENICE, FL 34293 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name ARMSTRONG, DAVE
Address 6533 OLD RANCH RD
City-State-Zip: SARASOTA FL 34241Title D
Name GOOD, MARC
Address 36 RIVER FRONT DR
City-State-Zip: VENICE FL 34293Title D
Name RECTOR, JOHN
Address 528 VENICE AVENUE
City-State-Zip: VENICE FL 34285Title D
Name RYAN, GERALD E
Address 380 HARVARD ROAD
City-State-Zip: VENICE FL 34293Title SEC
Name UMAKANTHAN, SINTHANA
Address 2498 NEWBURY ST
City-State-Zip: PORT CHARLOTTE FL 33952Title TREA
Name RYAN, CATHERINE F
Address 380 HARVARD RD
City-State-Zip: VENICE FL 34293

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE RYAN**TREASURER****01/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date