

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710934

FILED
Jan 04, 2008
Secretary of State

Entity Name: COCONUT GROVE CARES, INC.

Current Principal Place of Business:

3870 WASHINGTON AVENUE
PO BOX 331390
MIAMI, FL 33133

New Principal Place of Business:

3870 WASHINGTON AVENUE
MIAMI, FL 33133

Current Mailing Address:

3870 WASHINGTON AVENUE
PO BOX 331390
MIAMI, FL 33133

New Mailing Address:

3870 WASHINGTON AVENUE
MIAMI, FL 33133

FEI Number: 59-1263934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEARSS, ROSEMARY F
5501 SW 63RD CT
MIAMI, FL 33155 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: CODINA, ALEXANDRA
Address: 11 ISLAND AVENUE #2009
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D () Delete
Name: KRECH, CHAPIN M
Address: 634 SAN LORENZO
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D () Delete
Name: GELFMAN, LYNNE
Address: 9401 SW 54 CT
City-St-Zip: CORAL GABLES, FL 33156 US

Title: FM () Delete
Name: BEARSS, ROSEMARY
Address: 5501 SW 63RD CT
City-St-Zip: MIAMI, FL 33155 US

Title: D () Delete
Name: ARGIZ, ANTONIO
Address: 1001 BRICKELL BAY DRIVE 9TH FLOOR
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: COOKE, SUZANNE
Address: 3745 MAIN HIGHWAY
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CODINA, ALEXANDRA
Address: 11 ISLAND AVENUE #2009
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D (X) Change () Addition
Name: WALTON, LIZA G
Address: 141 SW 19TH RD.
City-St-Zip: MIAMI, FL 33129 US

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

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

Title: D (X) Change () Addition
Name: LOPEZ, ANNETTE
Address: 60 EDGEWOOD DRIVE
City-St-Zip: CORAL GABLES, FL 33131 US

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: ROSEMARY F. BEARSS

FM

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date