

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 731860</b>	
1. Entity Name <b>THE CORAL GABLES CHAMBER SYMPHONY &amp; THE CORAL GABLES OPERA, INC.</b>	
Principal Place of Business <b>700 SANTANDER AVENUE CORAL GABLES, FL 33134-6525</b>	Mailing Address <b>700 SANTANDER AVENUE CORAL GABLES, FL 33134-6525</b>



05032006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-7437382</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DORCE, GIBSON  
5227 NORTHWEST 198 TERRACE  
OPA LOCKA, FL 33055**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BELLA 700 SANTANDER AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, J.B. 2950 SW 27TH AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, EUGENIO DR. 1226 LISON STREET CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CODDINGTON, SIMON 6220 SW 63RD AVENUE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DORCE, GIBSON 5227 NW 198 TERRACE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80008-011 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Bella Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_