2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# 731860

Entity Name: THE CORAL GABLES CHAMBER SYMPHONY & THE CORAL GABLES OPERA, INC.

Current Principal Place of Business:

700 SANTANDER AVENUE
CORAL GABLES, FL 331346525

New Principal Place of Business:

Current Mailing Address:

700 SANTANDER AVENUE
CORAL GABLES, FL 331346525

New Mailing Address:

FEI Number: 23-7437382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DORCE, GIBSON
5227 NORTHWEST 198 TERRACE
OPA LOCKA, FL 33055 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: D ( ) Delete
Name: SMITH, BELLA
Address: 700 SANTANDER AVENUE
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete
Name: SPENCE, J.B.
Address: 2950 SW 27TH AVENUE
City-St-Zip: MIAMI, FL 33133

Title: PD ( ) Delete
Name: SANCHEZ, EUGENIO DR.
Address: 1226 LISBON STREET
City-St-Zip: CORAL GABLES, FL

Title: VP (X) Delete
Name: CODDINGTON, SIMON
Address: 6220 SW 63RD AVENUE
City-St-Zip: MIAMI, FL 33134

Title: ST ( ) Delete
Name: DORCE, GIBSON
Address: 5227 NW 198 TERRACE
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: SANCHEZ, EUGENIO DR.
Address: 1226 LISBON STREET
City-St-Zip: CORAL GABLES, FL

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: BELLA SMITH D 06/15/2009

Electronic Signature of Signing Officer or Director — Date