

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007959

FILED
Jan 05, 2005
Secretary of State

Entity Name: THE CORAL GABLES MUSEUM, CORP.

Current Principal Place of Business:

285 ARAGON AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2327 SALZEDO ST
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 27-0077412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILFORD, F.W.ZEKE
GUILFORD ASSOCIATES, PA
2222 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: BEAUCHAMP, JAMES
Address: 3916 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GUILFORD, ZEKE
Address: 926 CASTLE AVE
City-St-Zip: MIAMI BCH, FL 33134

Title: D () Delete
Name: DANIEL, SHELLEY
Address: 3720 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GROSSMAN, MARK
Address: 5201 BLUE LAGOON DR
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: KAKOURIS, GEORGE
Address: 1325 CAMPO SANO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MATTHEWS, JOE
Address: 255 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: F.W. ZEKE GUILFORD

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date