NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 750660

1. Corporation Name

COCONUT GROVE LOCAL DEVELOPMENT CORPORATION, INC.

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Principal Plac	e of Business	Mailing Address	···					
Principal Place of Business Mailing Address 3672 GRAND AVENUE P O BOX 330075 COCONUT GROVE FL 33233 COCONUT GROVE FL 33233 US US			E 33233-0075					
2. Principal P	Place of Business	2a. Meiling Address			3. Date Incorporated or Qualifed 01/18/1980			
21 Culta Aan	# ***	Suite, Apt. #, etc	 _		4. FEI Number		Ap	plied For
Suite, Apt.	#, etc.	27	•		59-2056758		No	t Applicable
City & Stat	ie	City & State			-5. Certificate of Status Desired		· \$8.75 A	
23		28					Fee Re	 -
Zip	Country	Zip	Cou	intry	Election Campaign Financing Trust Fund Contribution	ם י	\$5.00 Added t	
24	9. Name and Address of Current	29 Pagistered Agent	30	1	10. Name and Address of New	Registered A		
	- Marie Bild Address of Correct	registered Again		81 Name	Yvonne M. McDonald			
ALEXANDER, DAVID J.			82 Street	dress (P.O. Box Number is Not Acceptable)				
MIAMI FL	75 TERRACE			83	`	• .		
MUNNI FL	33130			84 City I	liami.		85 Zip 0	Code .
				1 { '	•	<u>FL</u>	1331	33 i
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligation	end 617,1508, Florida S of Florida. Such change v ions of Saction 617,0503	Statutes, the a was authorized 3, Florida Stat	bove-named I by the com utes.	corporation submits this statement for tho oration's board of directors, I hereby accor-	e purpose of e opt the appoir	changing its strient as reg	gistered
	HI HOUSE TWI	2 Donald				2/3/	77	[
J SIGNATURE			, C <u>20</u>					
	Signifium, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature	required when reinstating)	SATE #		
12.	Stopfaire, typed or printed name of registered agent OFFICERS AND	and title if applicable. D DIRECTORS	NOTE: Registered	Agent signature	equired when reinstating) ADD(TIONS/CHANGES TO O	SATE #		
12.	Stophure, typed or printed name of registered agent OFFICERS AND	and title if applicable.	NOTE: Registered	Agent signature	required when reinstating)	SATE #	D DIRECTO	RS IN 12
12.	Stopfaire, typed or printed name of registered agent OFFICERS AND	and title if applicable. D DIRECTORS	13. TE 1.1 TI	Agent signature	required when reinstating)	SATE #	D DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the information indicated on this annual report or supplemental annual 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 of 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 12 or Block 13 lizhanged, or on an estachment with an eddress, with all other like empowered. CITY-ST-ZIP .. MIAMI FL 33133

SIGNATURE

vehanged, or on an engagement with an eddress, with all other like empor

April 13.

FILED Apr 23, 1999 8:00 am Secretary of State

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