

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90017 021 \*\*\*\*61.25

**DOCUMENT # N37907**

1. Entity Name

CORAL GABLES COMMUNITY FOUNDATION, INC.



Principal Place of Business

2655 LE JEUNE RD.  
#1109  
CORAL GABLES FL 33134  
US

Mailing Address

1825 PONCE DE LEON BLVD  
447  
CORAL GABLES FL 33134-418  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0208290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, GLORIA  
2655 LE JEUNE RD  
STE 1109  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Allowed)

City

FL

Zip Code

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

*Gloria Burns*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/06

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME MURPHY, WILLIAM  
STREET ADDRESS 595 BILTMORE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TD ☐ Delete  
NAME DE LA HOZ, JORGE  
STREET ADDRESS 3021 PALERMO AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DS ☒ Delete  
NAME CLARKE, PATRICIA  
STREET ADDRESS 1001 SUNSET DR  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE CD ☐ Delete  
NAME WOODBRIDGE, YOLANDA  
STREET ADDRESS 8700 SW 33RD AVE #419  
CITY-ST-ZIP MIAMI FL 33183

TITLE M ☐ Delete  
NAME BURNS, GLORIA A  
STREET ADDRESS 2655 LE JEUNE RD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☐ Delete  
NAME COOKSON, J. THOMAS  
STREET ADDRESS 645 SIERRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/Chair Elect ☐ Change ☒ Addition  
NAME Glicker, Howard  
STREET ADDRESS 1201 Anastasia Ste. 38  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/Immed. Past Chair ☒ Change ☐ Addition  
NAME Woodbridge, Yolanda  
STREET ADDRESS 8700 SW 133 Ave. Rd. #419  
CITY-ST-ZIP Miami, FL 33183

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition  
NAME Cookson, J. Thomas  
STREET ADDRESS 645 Sierra Circle  
CITY-ST-ZIP Coral Gables, FL 33134

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Thomas Cookson*

1/31/06