

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

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90094 007 \*\*\*\*61.25

**DOCUMENT # N09898**

1. Entity Name

THE CHARLES N. AND ELEANOR KNIGHT LEIGH  
FOUNDATION, INC.



Principal Place of Business

2555 PONCE DE LEON BLVD.  
SUITE 320  
CORAL GABLES FL 33134

Mailing Address

2555 PONCE DE LEON BLVD.  
SUITE 320  
CORAL GABLES FL 33134



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

59-2562596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADMIRE, JACK G.  
2511 PONCE DE LEON BLVD.  
STE.320  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name (SAME)

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

2555 PONCE DE LEON BLVD STE 320

City (SAME)

FL Zip Code (SAME)

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

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

(NOTE: Registered Agent signature required when reinstating)

2/13/06

DATE

**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 DVP ☐ Delete  
NAME WEST, MARILYN  
STREET ADDRESS 2511 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE DP ☐ Delete  
NAME ADMIRE, JACK G.  
STREET ADDRESS 2511 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

TITLE DST ☐ Delete  
NAME SULLIVAN, JOHN C., JR.  
STREET ADDRESS 2511 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Delete  
NAME ADMIRE, RUTH S  
STREET ADDRESS 2511 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Delete  
NAME ADMIRE, JOHN G  
STREET ADDRESS 2511 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

*[Signature]*

2/13/06 305 444 6121