

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90028 045 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2562596	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADMIRE, JACK G. 2555 PONCE DE LEON BLVD, STE 320 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, MARILYN		NAME		
STREET ADDRESS	2511 PONCE DE LEON BLVD		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADMIRE, JACK G.		NAME		
STREET ADDRESS	2511 PONCE DE LEON BLVD.		STREET ADDRESS	2555 Ponce de Leon Blvd Ste 320	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	DST <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, JOHN C., JR.		NAME		
STREET ADDRESS	2511 PONCE DE LEON BLVD.		STREET ADDRESS	2555 Ponce de Leon Blvd Ste 320	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADMIRE, RUTH S		NAME		
STREET ADDRESS	2511 PONCE DE LEON BLVD		STREET ADDRESS	2555 Ponce de Leon Blvd Ste 320	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADMIRE, JOHN G		NAME		
STREET ADDRESS	2511 PONCE DE LEON BLVD		STREET ADDRESS	2555 Ponce de Leon Blvd Ste 320	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			1/28/08 305-4446121		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		