

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 029 ****70.00

DOCUMENT # N24096

1. Entity Name

COURY FAMILY FOUNDATION, INC.



Principal Place of Business

20458 OLD CUTLER RD
MIAMI FL 33189
US

Mailing Address

P.O. BOX 343914
CORAL GABLES FL 33114
US



2. Principal Place of Business - No P.O. Box #

4665 Ponce de Leon Blvd

Suite, Apt. #, etc.

SUITE # 2A

City & State
CORAL GABLES FL

Zip

33146

Country

US

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

33146

Country

US

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0053690

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E. II
7385 GALLOWAY ROAD #200
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
COURY, AMELIA
20458 OLD CUTLER RD
MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BELL, MARYANN
20458 OLD CUTLER RD
MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LAWRENCE, PATRICIA C.
20458 OLD CUTLER RD
MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BELL, PATRICK W.
20458 OLD CUTLER RD
MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
4665 Ponce de Leon Blvd # 2A
CORAL GABLES FL 33146

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

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:

Patricia Lawrence

3-30-08

305-371-2902