

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09898

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE CHARLES N. AND ELEANOR KNIGHT LEIGH FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2562596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADMIRE, JACK G.
2555 PONCE DE LEON BLVD, STE 320
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ADMIRE, JACK G
2555 PONCE DE LEON BLVD,
SUITE 320
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JACK G ADMIRE

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADMIRE, JACK G.,
Address: 2555 PONCE DE LEON BLVD STE 320
City-St-Zip: CORAL GABLES, FL 33134

Title: DST () Delete
Name: SULLIVAN JR., JOHN C
Address: 2555 PONCE DE LEON BLVD STE 320
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ADMIRE, RUTH S
Address: 2555 PONCE DE LEON BLVD STE 320
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ADMIRE, JOHN G
Address: 2555 PONCE DE LEON BLVD STE 320
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ADMIRE, JACK G
Address: 2555 PONCE DE LEON BLVD STE 320
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK G ADMIRE

DP

01/27/2009

Electronic Signature of Signing Officer or Director

Date