

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751011

Entity Name: CORAL GABLES CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**201 ALHAMBRA CIRCLE
#100
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIRCLE
#100
CORAL GABLES, FL 33134 US**FEI Number:** 59-0205525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROWBRIDGE, MARK A
201 ALHAMBRA CIRCLE
#100
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	TROWBRIDGE, MARK A
Address	201 ALHAMBRA CIRCLE #100
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	BARAKAT, BRIAN
Address	201 ALHAMBRA CIRCLE #100
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	CHAOUI, ANA
Address	201 ALHAMBRA CIRCLE #100
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	HERNANDEZ, SARA M.
Address	201 ALHAMBRA CIRCLE #100
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	ADAMS, THAD
Address	201 ALHAMBRA CIRCLE #100
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MARK A TROWBRIDGE**PRESIDENT****01/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date