#### 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 758812** 

Entity Name: COCONUT GROVE CHAMBER OF COMMERCE, INC.

**FILED** Nov 14, 2019 **Secretary of State** 1361990370CC

### **Current Principal Place of Business:**

3059 GRAND AVE,

STE 210

COCONUT GROVE, FL 33133

### **Current Mailing Address:**

3059 GRAND AVE,

**STE 210** 

COCONUT GROVE, FL 33133 US

FEI Number: 59-0877858 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BOLER, KATRINA A SECRETARY 3059 GRAND AVENUE SUITE 210 COCONUT GROVE, FL 33133 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: KATRINA BOLER 11/14/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT FLECT Title S

Name FITZSIMMONS, BOB Name BOLER, KATRINA

3059 GRAND AVE, 3059 GRAND AVE, Address Address **STE 210** 

STE 210

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

IPP Title Title **DIRECTOR** 

Name TRAINER, MONTY P Name DONES, LILLIANA

Address 3059 GRAND AVE, Address 3059 GRAND AVE. **STE 210 STE 210** 

COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip:

Title Title DIRECTOR **PRESIDENT** ZANE, WENDY Name GARCIA, LILIA Name

Address 3059 GRAND AVE, Address 3059 GRAND AVE, **STE 210 STE 210** 

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR Title DIRECTOR

Name CAVACO, MIA Name SHARP, CAMILA Q

Address 3059 GRAND AVE, Address 3059 GRAND AVE,

**STE 210** STE 210

COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 City-State-Zip: City-State-Zip:

# Continues on page 2

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.

11/14/2019 SIGNATURE: KATRINA BOLER SECRETARY

## Officer/Director Detail Continued:

Title DIRECTOR
Name HIDY, KATHY

Address 3059 GRAND AVENUE

210

City-State-Zip: CCOCONUT GROVE FL 33133

Title DIRECTOR

Name MARTINEZ-MOURE, LUIS

Address 3059 GRAND AVE,

STE 210

City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR

Name MCCONNELL, SUE Address 3059 GRAND AVE,

STE 210

City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name LORNA, OWENS

Address 3059 GRAND AVE,

STE 210

City-State-Zip: COCONUT GROVE FL 33133

Title CHAIRMAN OF THE BOARD

Name CAMPBELL, ALAN Address 3059 GRAND AVE,

STE 210

City-State-Zip: COCONUT GROVE FL 33133