

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N03000007959

**Entity Name:** THE CORAL GABLES MUSEUM, CORP.

**Current Principal Place of Business:**

285 ARAGON AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

285 ARAGON AVE  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-0077412

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALLEN, JOHN  
285 ARAGON AVE  
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:** CAROLINE PARKER

05/14/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name ALLEN, JOHN  
Address 285 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN  
Name SPUCHES, CHRISTOPHER  
Address 3318 DAY AV #4  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name BAUER, LYNN  
Address 285 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name JACKSON, JOE  
Address 4627 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title S  
Name RODRIGUEZ, MANUEL  
Address 15305 SW 77 CT  
City-State-Zip: PALMETTO BAY FL 33157

Title VC  
Name VALDES-FAULI, JOSE  
Address 536 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name NEWELL, NORMAN  
Address 1300 SOROLLA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name PENN, PAMELA  
Address 7531 SW 158TH TERRACE  
City-State-Zip: PALMETTO BAY FL 33157

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*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:** JOHN ALLEN

**EXECUTIVE DIRECTOR**

05/14/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name WITHERS, WAYNE CHIP  
Address 10890 NW 29 ST  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name BLANCO, LAURA  
Address 285 ARAGON AVE  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name PATRICOFF, JR., HAROLD (ED)  
Address 200 BISCAYNE BLVD., #4100  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name DAMIAN, CAROL  
Address 1010 PALERMO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name RODRIGUEZ, RAUL  
Address 720 CORAL WAY APT 13E  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name TORREALBA, ALIRIO  
Address 301 ALMERIA AVENUE, STE 330  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name IGLESIAS, ABEL  
Address 396 ALHAMBRA CIRCLE, SUITE 255  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name ACEVEDO, GONZALO  
Address 169 MIRACLE MILE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name REYNOLDS, BRENT  
Address 1340 S DIXIE HWY - STE 612  
City-State-Zip: CORAL GABLES FL 33134