

**2019 FLORIDA NOT FOR PROFIT CORPORATION 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

03/18/2019

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

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

Title	D
Name	COMELLAS, HUMBERTO
Address	12209 NW 106TH CT. UNIT 104
City-State-Zip:	MEDLEY FL 33178

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

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

Title	D
Name	MARTINEZ CARBONELL, KARELIA
Address	6818 CORSICA ST
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	EVENSKY, DAVID
Address	4000 PONCE DE LEON BLVD #850
City-State-Zip:	CORAL GABLES FL 33146

**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.*

**SIGNATURE:** JOHN ALLEN**EXECUTIVE DIRECTOR**

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title D  
Name MEDINA, JOHN R RA A1A  
Address 4901 SW 75TH AVE  
City-State-Zip: MIAMI FL 33155

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

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

Title D  
Name MACIAS, MIGUEL  
Address 121 ALHAMBRA PLAZA SUITE 1602  
City-State-Zip: CORAL GABLES FL 33134

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

Title HRD  
Name SPAIN, DONA  
Address 2327 SALZEDO ST  
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