

2014 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**FEI Number: 27-0077412****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUILFORD, F.W.ZEKE
GUILFORD ASSOCIATES, PA
2222 PONCE DE LEON BLVD
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 P
Name PARKS, ARVA MOORE
Address 1311 SOUTH MIAMI AVENUE
City-State-Zip: MIAMI FL 33131

Title V.P.
Name WITHERS, CHIP
Address 10890 NW 29 STREET
City-State-Zip: MIAMI FL 33172

Title T
Name TORRE, VENNY
Address 606 SAN ANTONIO STREET
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY
Name JOLLY, DOUG
Address 604 ALCAZAR AVENUE
City-State-Zip: CORAL GABLES FL 33134

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

Title DIRECTOR
Name BUSOT, RAMONA
Address 819 NORTH GREENWAY DRIVE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MAS, CRISTINA
Address 1541 BRICKELL AVENUE #1806
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name PARKER, DOUG
Address 4140 PINTA COURT
City-State-Zip: CORAL GABLES FL 33146

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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: ARVA MOORE PARKS**DIRECTOR****04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REINHARDT, AURELIA
Address 2627 SOUTH BAYSHORE DRIVE #903
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name MURPHY, JAMES
Address 2843 SOUTH BAYSHORE DRIVE #3-E
City-State-Zip: MIAMI FL 33133