

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09898

Entity Name: THE CHARLES N. AND ELEANOR KNIGHT LEIGH
FOUNDATION, INC.**FILED**
Jan 21, 2014
Secretary of State
CC9200052436**Current Principal Place of Business:**2555 PONCE DE LEON BLVD.
SUITE 320
CORAL GABLES, FL 33134**Current Mailing Address:**2555 PONCE DE LEON BLVD.
SUITE 320
CORAL GABLES, FL 33134**FEI Number: 59-2562596****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADMIRE, JACK G
2555 PONCE DE LEON BLVD,
SUITE 320
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	DP
Name	ADMIRE, JACK G
Address	2555 PONCE DE LEON BLVD STE 320
City-State-Zip:	CORAL GABLES FL 33134
Title	D
Name	ADMIRE, RUTH S
Address	2555 PONCE DE LEON BLVD STE 320
City-State-Zip:	CORAL GABLES FL 33134

Title	DST
Name	SULLIVAN JR., JOHN C
Address	2555 PONCE DE LEON BLVD STE 320
City-State-Zip:	CORAL GABLES FL 33134
Title	D
Name	ADMIRE, JOHN G
Address	2555 PONCE DE LEON BLVD STE 320
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: JACK G. ADMIRE**DP****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date