

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 30, 2009
Secretary of State

DOCUMENT# 702304

Entity Name: COUNCIL OF GARDEN CLUB PRESIDENTS OF DADE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

55 SW 17TH RD
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

4021 EL PRADO BLVD
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HENDERSON, CHARLOTTE
4021 EL PRADO BLVD
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, JUDY
Address: 5930 N. BAYSHORE DR.
City-St-Zip: MIAMI, FL 33137

Title: VPD () Delete
Name: EMERSON, BECKY
Address: 935 NE 89 TERR
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: HENDERSON, CHARLOTTE
Address: 4021 EL PRADO BLVD
City-St-Zip: COCONUT GROVE, FL 33133

Title: ASD () Delete
Name: TROVICH, SHARON
Address: 3914 RIVERA DR
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BOX, DONNA
Address: 300 LEUCADENDRA DR
City-St-Zip: CORAL GABLES, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLOTTE HENDERSON

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05/30/2009

Electronic Signature of Signing Officer or Director

Date