


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 702550

1. Entity Name
WERTHEIM FLAGLER GABLES BENEVOLENT ASSOCIATION, INC.



Principal Place of Business 8500 SW 92 STREET SUITE 106 MIAMI, FL 33156	Mailing Address 8500 SW 92 STREET SUITE 106 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0815805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLER, PHILIP L
 8500 SW 92 STREET, SUIT 106
 MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLER, PHILIP L 8500 SW 92 ST #106 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRISAND, PHILIP 3020 SW 62ND COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINBERG, BERNARD 13707 SW 66 ST #405C MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRIS, HARVEY 17901 SW 89 COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/05-60058-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/2/05** **305-279-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #