

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706945  
1. Corporation Name

CORAL GABLES ACADEMY AND INSTITUTE OF  
READING, INC.

Principal Place of Business

Mailing Address

1200 South Pine Island Rd. 555 Camino de la Tierra  
Plantation, FL, 33324 Corrales, NM 87048

3. Date Incorporated or Qualified 03/06/64 3a. Date of Last Report 04/05/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1200 S. Pine Island Rd.	26 555 Camino de la Tierra	59-1010949	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Plantation, FL 33324	28 Corrales, NM 87048	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	
24 33324	25 Broward	29 87048	30 Sandoval
Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 South Pine Island Rd.  
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D  
NAME Marilyn Jean Meffen-Ortiz  
STREET ADDRESS 555 Camino de la Tierra  
CITY-ST-ZIP Corrales, NM 87048

TITLE V/D  
NAME Arthur L. Ortiz  
STREET ADDRESS 555 Camino de la Tierra  
CITY-ST-ZIP Corrales, NM 87048

TITLE S/T/D  
NAME Cynthia Harms  
STREET ADDRESS 19 Sanddown Ct.  
CITY-ST-ZIP Wainscott NY 11975

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn Jean Meffen-Ortiz, President/Director

Date

4/9/96 505-8572162

Daytime Phone #

CR2E037 (12/95)

S-22-96  
AEB