2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 707049

Entity Name: COCONUT GROVE ARTS & HISTORICAL ASSOCIATION, INC.

Current Principal Place of Business:

3427 MAIN HWY
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3427 MAIN HWY
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 59-1652630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMINE, CAROL
3427 MAIN HIGHWAY
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: CD ( ) Delete
Name: SWEENY, DONNA
Address: 3427 MAIN HIGHWAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: VCD ( ) Delete
Name: TOCA, MARIO
Address: 3427 MAIN HWY
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD ( ) Delete
Name: CHAPA, TEOFILO
Address: 3427 MAIN HIGHWAY
City-St-Zip: COCONUT GROVE, FL 33133

Title: P ( ) Delete
Name: ROMINE, CAROL
Address: 3427 MAIN HIGHWAY
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: CAROL ROMINE P 01/10/2005

Electronic Signature of Signing Officer or Director — Date