

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 709798

1. Entity Name

CORAL GABLES EMPLOYEES' ASSOCIATION, INC.



Principal Place of Business

2600 DOUGLAS ROAD
STE 1100
MIAMI FL 33134

Mailing Address

PO BOX 140981
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1676537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLYNE, REGINALD ESQ
CLYNE & ASSOCIATES
2600 DOUGLAS RD STE 1100
MIAMI FL 33134

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SMITH, MARVIN
STREET ADDRESS 14532 SW 107 PL
CITY-ST-ZIP MIAMI, FL 00000

TITLE 2VP ☐ Delete
NAME CRUMBLEY, RON
STREET ADDRESS 2454 NW 177 TERRACE
CITY-ST-ZIP OPA LOCKA FL 33056

TITLE V ☐ Delete
NAME SPIVEY, JEANIE A.
STREET ADDRESS 20715 GULFSTREAM DR
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME MILLINGS, SHANTELL
STREET ADDRESS 10301 SW 146TH TERRACE
CITY-ST-ZIP MIAMI FL 33176

TITLE SD ☐ Delete
NAME WALLACE, SYLVIA
STREET ADDRESS 11250 SW 138 TERR
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 0000000043091
CITY-ST-ZIP 02/10/04-80051-021 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Wallace* SYLVIA WALLACE

02/04/04 305-586-8734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #