

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709798

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: CORAL GABLES EMPLOYEES' ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 DOUGLAS ROAD  
STE 1100  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 140981  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 59-1676537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLYNE, REGINALD ESQ  
CLYNE & ASSOCIATES  
2600 DOUGLAS RD STE 1100  
MIAMI, FL 33134 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: BERRYHILL, JEANIE  
Address: 20715 GULFSTREAM RD  
City-St-Zip: MIAMI, FL 33189

Title: 1VP ( ) Delete  
Name: CRUMBLEY, RON  
Address: 2454 NW 177 TERRACE  
City-St-Zip: OPA LOCKA, FL 33056

Title: 2VP ( ) Delete  
Name: GOIZUETA, VICTOR  
Address: 2800 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete  
Name: MILLINGS, SHANTELL  
Address: 10301 SW 146TH TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: WALLACE, SYLVIA  
Address: 11250 SW 138 TERR  
City-St-Zip: MIAMI, FL 33176

**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:

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: SHANTELL MILLINGS

TRES

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date