

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 # 711940 (7)

1. Corporation Name

CORAL GABLES-SOUTH MIAMI KHOURY LEAGUE, INC.



Principal Place of Business

Mailing Address

**6100 SW 67TH AVE
SOUTH MIAMI FL 33143
US**

**5827 S.W. 70TH STREET
P. O. BOX 430891
SOUTH MIAMI FL 33243-0891
US**

3. Date Incorporated or Qualified

12/13/1966

3a. Date of Last Report

12/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESTER, GEORGE T JR.
3401 TOLEDO ST.
CORAL GABLES FL 33134**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**S
GUNTA, MARY
5870 SW 31 STREET
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
GUSTAFSON, MARY PAT
2100 SW 83RD AVE
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
WIEGREFE, JIM
6610 SW 50TH TERRACE
SOUTH MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD
HESTER, GEORGE
3401 TOLEDO ST.
CORAL GABLES FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
MARTY, DOUG
5850 S.W. 100TH ST.
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

Daytime Phone #

CR2E037 (12/95)