

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90078 042 ****61.25

DOCUMENT # 714837

1. Corporation Name

GREATER MIAMI PROGRESS FOUNDATION, INC.

Principal Place of Business

% GREATER MIAMI CHAMBER OF COMMERCE
1601 BISCAYNE BLVD.
MIAMI FL 33132

Mailing Address

% GREATER MIAMI CHAMBER OF COMMERCE
1601 BISCAYNE BLVD.
MIAMI FL 33132



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/26/1968

4. FEI Number

59-6216592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CULLOM, WILLIAM
1601 BISCAYNE BLVD.
MIAMI FL 33132

10. Name and Address of New Registered Agent

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 D
NAME AJAMIL, LUIS
STREET ADDRESS 2601 SOUTH BAYSHORE DR #1000
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

TITLE DC
NAME GOODE, R. RAY
STREET ADDRESS 3600 N.W. 82ND AVE
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE D
NAME CULLOM, WILLIAM O.
STREET ADDRESS 1601 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33132

☐ DELETE

TITLE D
NAME FINE, MARTIN
STREET ADDRESS 701 BRICKELL AVENUE, #3000
CITY-ST-ZIP MIAMI FL 33131

☐ DELETE

TITLE D
NAME PAUL, ROBERT
STREET ADDRESS 700 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE D
NAME HOLZBERG, RHODELE P
STREET ADDRESS 1601 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33132

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Potter Norton, Susan
1.3 STREET ADDRESS 121 Majorca Ave, 3rd Floor
1.4 CITY-ST-ZIP Coral Gables, FL 33134

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 Paul, Robert (D)
5.3 STREET ADDRESS 1401 Brickell Ave, Ste 700
5.4 CITY-ST-ZIP Miami, FL 33131

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)