

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90246 016 ****61.25

DOCUMENT # 719460

1. Entity Name
**TRUSTEES FOR THE CHRISTIAN SCIENCE
ORGANIZATION, UNIVERSITY OF MIAMI, INC.**



Principal Place of Business
**1115 LEVANTE STREET
CORAL GABLES, FL 33146**

Mailing Address
**1115 LEVANTE STREET
CORAL GABLES, FL 33146 US**



02082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WADE, ROBERT C.
520 BRICKELL KEY DRIVE
OFFICE PLAZA 201
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADE, ROBERT C. 10080 SW 66TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARBURTON, RALPH 1115 LEVANTE ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEELER GUERRA, KERRY 7410 SW 63 CT MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KERRY KEELER GUERRA

Date

Daytime Phone #

305-669-0263
305-987-0358