2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719460

FILED Apr 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1115 LEVANTE STREET CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

1115 LEVANTE STREET CORAL GABLES, FL 33146 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

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

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 Pogistered Agent

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 WADE, ROBERT C.
 Name:

 Address:
 10080 SW 66TH ST.
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WARBURTON, RALPH
 Name:
 SANDERS, THOMAS

 Address:
 1115 LEVANTE ST
 Address:
 1115 LEVANTE ST

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 CORAL GABLES, FL 33146

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 KEELER GUERRA, KERRY
 Name:
 KEELER, KERRY

 Address:
 7410 SW 63 CT
 Address:
 7410 SW 63 CT

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:
 MIAMI, FL 33130

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: KERRY KEELER STD 04/15/2009