

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739362

FILED
Apr 25, 2009
Secretary of State

Entity Name: COCONUT GROVE JAYCEES, INC.

Current Principal Place of Business:

25 WEST FLAGLER STREET
PENTHOUSE
MIAMI, FL 33130 US

New Principal Place of Business:

19421 SW 14TH STREET
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

25 WEST FLAGLER STREET
PENTHOUSE
MIAMI, FL 33130 US

New Mailing Address:

19421 SW 14TH STREET
PEMBROKE PINES, FL 33029 US

FEI Number: 59-1752539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, PATRICK
25 WEST FLAGLER STREET, PENTHOUSE
MIAMI, FL 33130 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: P () Delete
Name: GOMEZ, HERNANDO
Address: 690 SW 1ST COURT, APT 2322
City-St-Zip: MIAMI, FL 33130

Title: VP () Delete
Name: BARBA, ADRIANA
Address: 19421 SW 14TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Delete
Name: CASTILLO, LUZ
Address: 315 NW 109 AVE #208
City-St-Zip: MIAMI, FL 33134

Title: VP (X) Delete
Name: STOECKLI, CORNELIA
Address: 325 S. BIXCAYNE BLVD #1519
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: GOLD, MICHAEL
Address: 150 SE 3RD AVE #509
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBA, ADRIANA
Address: 19421 SW 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change () Addition
Name: HARRYAL, ALAN
Address: 18111 NW 68TH AVE, UNIT F-205
City-St-Zip: MIAMI GARDENS, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GOLD, MICHAEL
Address: 1800 NORTH BAYSHORE DRIVE, #4105
City-St-Zip: MIAMI, FL 33132

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: ADRIANA BARBA

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date