

FILE NOW: FILING FEE IS \$61.25

*NONPROFIT
*CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morcarm
Secretary of State
DIVISION OF CORPORATIONS

1996 3-22-96 B-2623-C

DOCUMENT # 750660

(3)

1. Corporation Name

COCONUT GROVE LOCAL DEVELOPMENT CORPORATION, INC.



Principal Place of Business

Mailing Address

3582 GRAND AVENUE
MIAMI FL 33133

3582 GRAND AVENUE
MIAMI FL 33133

3. Date Incorporated or Qualified
01/18/1980

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number
59-2056758

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, DAVID J.
6800 SW 75 TERRACE
MIAMI FL 33156

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 617.1503, 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 his/her appointee

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME HOLTON, RICHARD
STREET ADDRESS 3350 HIBISCUS STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME FOX, RONALD
STREET ADDRESS 3481 HIBISCUS ST.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME BENO, LISA
STREET ADDRESS 8601 S. DIXIE HWY
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME PANCOAST, LESTER
STREET ADDRESS 2964 AVIATION AVE.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE PD
NAME MARSHALL, HOUSTON
STREET ADDRESS 3287 THOMAS AVE.
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME SILVA, VERNEKA
STREET ADDRESS 3587 HIBISCUS STREET
CITY-ST-ZIP MIAMI FL 33133 ☐ DELETE

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

Rev. James Davis- Sgt-At-Arms
3680 Thomas Ave
Miami, Florida 33133

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

DATE

Daytime Phone #

3-18-96 835-4058

CR2E037 (12/95)