

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 25 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 758812 (2)**  
 1. Corporation Name

**COCONUT GROVE CHAMBER OF COMMERCE, INC.**



Principal Place of Business Mailing Address  
 2820 MCFARLANE RD. 2820 MCFARLANE RD.  
 MIAMI FL 33133 MIAMI FL 33133-6009

3. Date Incorporated or Qualified **06/17/1981** 3a. Date of Last Report **05/20/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0877858</b>		Applied For	
21		25				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SMITH, SKY</b> <b>2400 SOUTH DIXIE HIGHWAY</b> <b>SUITE 100</b> <b>COCONUT GROVE FL 33133</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWEENEY, H W ALLEN</b>	1.2 NAME	
STREET ADDRESS	<b>2820 MC FARLANE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, IVAN</b>	2.2 NAME	
STREET ADDRESS	<b>2820 MCFARLANE RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SKY</b>	3.2 NAME	
STREET ADDRESS	<b>2820 MCFARLANE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, L B</b>	4.2 NAME	
STREET ADDRESS	<b>2820 MCFARLANE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENDROW, NADENE</b>	5.2 NAME	
STREET ADDRESS	<b>2820 MCFARLANE RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ED</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONS, AMY</b>	6.2 NAME	
STREET ADDRESS	<b>2820 MCFARLANE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)