

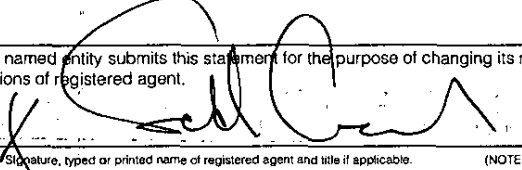
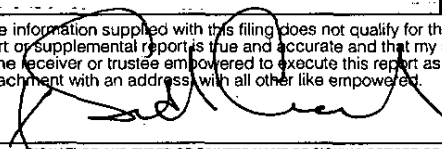


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90006 010 \*\*\*\*61.25

<b>DOCUMENT # 758812</b>					
1. Entity Name COCONUT GROVE CHAMBER OF COMMERCE, INC.					
Principal Place of Business 2820 MCFARLANE RD. MIAMI, FL 33133		Mailing Address 2820 MCFARLANE RD. MIAMI, FL 33133		<p style="text-align: right; font-size: 24pt;"><b>54072817</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-0877858	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELVALLE, KAREN 2820 MCFARLANE RD. MIAMI, FL 33133				Name <u>Seth Gordon</u>	
				Street Address (P.O. Box Number is Not Acceptable) <del>2820 McFarlane Rd.</del>	
				<u>2820 McFarlane Road</u>	
				City <u>Coconut Grove</u> FL Zip Code <u>33133</u>	
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 				DATE <u>9/8/04</u>	
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	Assistant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELVALLE, KAREN		NAME	Jessica Issa	
STREET ADDRESS	2820 MCFARLANE RD.		STREET ADDRESS	2820 McFarlane Rd.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIVENS, HENRY LEE		NAME	Seth Gordon	
STREET ADDRESS	2820 MCFARLANE ROAD		STREET ADDRESS	2820 McFarlane Rd.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKS, IVORY L JR		NAME	Rebecca Greer	
STREET ADDRESS	2820 MCFARLANE RD		STREET ADDRESS	2820 McFarlane Rd.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVO, DENISE		NAME	Shelia Sims	
STREET ADDRESS	2820 MCFARLANE ROAD		STREET ADDRESS	2820 McFarlane Rd.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEENEY, ALLEN		NAME	Pat Cannon	
STREET ADDRESS	2820 MCFARLANE RD		STREET ADDRESS	2820 McFarlane Rd.	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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: 				DATE <u>9/8/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

Attachment

#158812

54072817

- ① Assistant Director  
Cynthia Bettner  
2820 McFarlane Road  
Coconut Grove, FL 33133
  - ② President  
Seth Gordon  
Same address as above
  - ③ Vice President  
Rebecca Greer
  - ④ Secretary  
Shellie Simms
  - ⑤ Treasurer  
Patrick Gannon
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