


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

02-10-2005 90059 001 ****61.25

DOCUMENT # N03000000099

1. Entity Name
CORAL GABLES CHAMBER OF COMMERCE FOUNDATION, INC.



Principal Place of Business
**360 GRECO AVENUE
 SUITE 100
 CORAL GABLES, FL 33146**

Mailing Address
**360 GRECO AVENUE
 SUITE 100
 CORAL GABLES, FL 33146**

66024359



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262005 Chg-NP CR2E037 (10/03)

4. FEI Number
APPLIED FOR 84-1629609 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ANA
 360 GRECO AVENUE
 SUITE 100
 CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	RD SHAFFER, ROBERT J 4206 LAGUNA STREET CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURKE, JOE <input type="checkbox"/> Delete P.O. BOX 7000 MIAMI INT'L AIRPORT MIAMI, FL 332997000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-D BIEN, LETTIE J <input type="checkbox"/> Delete 4860 PINE DRIVE MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDEN, NEIL P <input type="checkbox"/> Delete 3240 MATILDA STREET MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] President Date: 1/27/05 Daytime Phone #: 305-446-1457

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

ATTACHMENT

66024359

DEPARTMENT OF THE TREASURY

N0300000099

Date:

JUL 29 2004

CORAL GABLES CHAMBER OF COMMERCE
FOUNDATION INC
360 GRECO AVE STE 100
CORAL GABLES, FL 33146

Employer Identification Number:

84-1629609

DLN:

17053170012034

Contact Person:

ROGER W VANCE

ID# 31173

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

AUGUST 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

YES

Effective Date of Exemption:

JANUARY 6, 2003

Contribution Deductibility:

YES

Advance Ruling Ending Date:

AUGUST 31, 2007

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

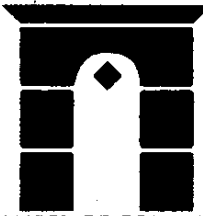
If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

ATTACHMENT

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CORAL GABLES



CHAMBER OF COMMERCE
Building Business Through Involvement

July 6, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that we have received a notice of intent to dissolve card for document # N03000000099 and we sent payment back in February 2005. Our records also indicate that the payment was processed by the bank. I have attached a photocopy of the FEI number application and acceptance from the Internal Revenue Services along with the annual report.

Please make the proper corrections to our uniform business report. If you have additional questions, please contact us at 305-446-1657.

Thank you,

Sincerely,

Ana M. Gonzalez
Vice President