

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N14973

1. Entity Name
CORAL CENTER, INC.



Principal Place of Business
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Mailing Address
2900 UNIVERSITY DRIVE
CORAL SPGS, FL 33065 US



02282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2833625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAHAEL, GEORGE
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOVIO, HECTOR
STREET ADDRESS 2150 CORAL WAY, 6TH FLOOR
CITY-ST-ZIP MIAMI, FL 33145

TITLE D
NAME RAHAEL, PAULINE
STREET ADDRESS 2900 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE PD
NAME RAHAEL, GISELE
STREET ADDRESS 2900 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000531714
05/06/06-80056-001 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gisele Rahael, President

4/15/06

Date

954-753-9500

Daytime Phone #