2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90017 029 ****70.00

DOCUMENT # N24096

1. Entity Name

COURY FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
20458 OLD CUTLER RD MIAMI FL 33189 US	P.O. BOX 343914 CORAL GABLES FL 33114 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4665 Ponce de Leon BLVD	SAME AS ABOVE
Suite, Apt. #, etc.: SUITE # 2A	Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State
Zip: 33146 Country: US	Zip Country

4. FEI Number: 65-0053690 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULLER, CHARLES E. II 7385 GALLOWAY ROAD #200 MIAMI FL 33173	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	TD COURY, AMELIA 20458 OLD CUTLER RD MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4665 Ponce de Leon BLVD # 2A Coral Gables FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BELL, MARYANN 20458 OLD CUTLER RD MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4665 Ponce de Leon BLVD # 2A Coral Gables FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAWRENCE, PATRICIA C. 20458 OLD CUTLER RD MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4665 Ponce de Leon BLVD # 2A Coral Gables FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, PATRICK W. 20458 OLD CUTLER RD MIAMI FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4665 Ponce de Leon BLVD # 2A Coral Gables FL 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Patricia Lawrence PATRICIA CLAWRENCE 3-30-08 305-371-2902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #