

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24096

FILED
Jan 23, 2009
Secretary of State

Entity Name: CORY FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4665 PONCE DE LEON BLVD
SUITE #2A
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 343914
CORAL GABLES, FL 33114 US

New Mailing Address:

PO BOX 143914
CORAL GABLES, FL 33114 US

FEI Number: 65-0053690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MULLER, CHARLES E. II
7385 GALLOWAY ROAD #200
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CORY, AMELIA,
Address: 4665 PONCE DE LEON BLVD #2A
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: BELL, MARYANN
Address: 4665 PONCE DE LEON BLVD #2A
City-St-Zip: CORAL GABLES, FL 33146

Title: T () Delete
Name: LAWRENCE, PATRICIA C, .
Address: 4665 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: BELL, PATRICK W.,
Address: 4665 PONCE DE LEON BLVD #2A
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LAWRENCE, PATRICIA C, .
Address: 4665 PONCE DE LEON BLVD #2A
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK W. BELL

DIR

01/23/2009

Electronic Signature of Signing Officer or Director

Date