


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90016 013 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N32358

1. Corporation Name

CHILDREN'S FOUNDATION OF GREATER MIAMI, INC.

Principal Place of Business

800 N. W. 15TH STREET
MIAMI FL 33136-1495
US

Mailing Address

800 NW 15TH STREET
MIAMI FL 33136-1495
US



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 05/17/1989 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 65-0141863 |
| City & State | City & State | 5. Certificate of Status Desired |
| 23 | 28 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | 6. Election Campaign Financing |
| 24 | 25 | Trust Fund Contribution |
| 29 | 30 | <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

FARRA, MIGUEL
2699 S BAYSHORE DRIVE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARRA, MIGUEL | 1.2 NAME | |
| STREET ADDRESS | 2699 S BAYSHORE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT GROVE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VCD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEMLING, KERSTI | 2.2 NAME | |
| STREET ADDRESS | 5940 SW 116TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, WAYNE | 3.2 NAME | |
| STREET ADDRESS | 1133 MARIANA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLOMON, SARA | 4.2 NAME | |
| STREET ADDRESS | 181 LEUCADENDRA DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DADY, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 200 S BISCAYNE BLVD SUITE 2100 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALSEY, DOUG | 6.2 NAME | |
| STREET ADDRESS | 200 S BISCAYNE BLD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)