FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1996 08:00 AM
Secretary of State

DOCUMENT # N37907 (5)

1. Corporation Name
CORAL GABLES COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
50 ARAGON AVE. CORAL GABLES FL 33134 US	50 ARAGON AVE. CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 05/01/1990
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business	2a. Mailing Address
21 2511 Ponce de Leon Blvd.	26 2511 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22 1st Floor, So. Lobby	Suite, Apt. #, etc. 27 Bank Lobby
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33134 Country 25 USA	Zip 29 33134 Country 30

4. FEI Number: 65-0208290 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIFFEY, MICHAEL S
220 MIRACLE MILE
STE. 224
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Kevin J. Lockwood
82 Street Address (P.O. Box Number is Not Acceptable): 220 Miracle Mile,
83 Suite 224
84 City: Coral Gables FL 85 Zip Code: 33134

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] 4/2/96
Signature of, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FULLERTON, JOHN P. 366 ALTARA AVE CORAL GABLES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Ronald A. Shuffield 1360 So. Dixie Hwy. Coral Gables, FL 33146	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GRIFFEY, MICHAEL 220 MIRACLE MILE #224 CORAL GABLES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV Victoria Garcia Mendaro 830 Cremona Avenue Coral Gables, FL 33134	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CLARKE, PATRICIA H 1001 SUNSET DR. CORAL GABLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TRZCINSKI, RODNEY S. 799 BRICKELL PLAZA MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT Kevin J. Lockwood 220 Miracle Mile, Ste. 224 Coral Gables, FL 33134	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BURNS, GLORIA A. 50 ARAGON AVE. CORAL GABLES FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	M BURNS, GLORIA A. 2511 Ponce de Leon Blvd., Bank Lobby Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. Patricia H. Clarke

SIGNATURE: Patricia H. Clarke Secretary 4/2/96 661-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #