FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90026 027 ****61.25

92769 - 90026 - 27

DOCUMENT # N37907

1. Corporation Name
CORAL GABLES COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
2199 PONCE DE LEON BLVD MEZZANINE CORAL GABLES FL 33134 US	1825 PONCE DE LEON BLVD 447 CORAL GABLES FL 33134-418 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/01/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0208290 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LOCKWOOD, KEVIN J
220 MIRACLE MILE SUITE 224
STE. 224
CORAL GABLES FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SLESNICK, DONALD D. II		1.2 NAME	CALVO, JOSE A. III	
STREET ADDRESS	827 N GREENWAY DR		1.3 STREET ADDRESS	1015 ALONSO AVE	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	CALVO, JOSE A II		2.2 NAME	CLARKE, PATRICIA H.	
STREET ADDRESS	1015 ALONSO AVE		2.3 STREET ADDRESS	1001 SUNSET DR.	
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☒ Addition
NAME	CLARKE, PATRICIA H		3.2 NAME	Young, Mary	
STREET ADDRESS	1001 SUNSET DR.		3.3 STREET ADDRESS	1115 Country Club Prado	
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOCKWOOD, KEVIN J		4. 2 NAME		
STREET ADDRESS	220 MIRACLE MILE SUITE 224		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	M	☒ DELETE	5.1 TITLE	M	☒ Change ☐ Addition
NAME	BURNS, GLORIA A		5.2 NAME	BURNS, GLORIA A	
STREET ADDRESS	2511 PONCE DE LEON BLVD., SUITE 110		5.3 STREET ADDRESS	1825 Ponce de Leon Blvd. #447	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Gloria A. Burns SIGNATURE REQUIRED GLORIA A. BURNS 305-446-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)