

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90092 045 *****70.00

DOCUMENT # N37907

1. Entity Name

CORAL GABLES COMMUNITY FOUNDATION, INC.



Principal Place of Business

285 ARAGON AVENUE
CORAL GABLES FL 33134
US

Mailing Address

1825 PONCE DE LEON BLVD
447
CORAL GABLES FL 33134-418
US

2. Principal Place of Business

2655 LeJeune Rd.

3. Mailing Address

Suite, Apt. #, etc.

1109

City & State

Coral Gables, FL

City & State

Zip

Country

Zip

Country

33134

MIAMI-DADE

6. Name and Address of Current Registered Agent

BURNS, GLORIA
1825 PONCE DELEON BLVD
STE447
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0208290

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

GLORIA BURNS

Gloria Burns

1/29/04

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, 2004

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

TITLE D
NAME YOUNG, MARY ☒ Delete
STREET ADDRESS 1115 COUNTRY CLUB PRADO
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DP
NAME LANGSTON, HENRY O ☐ Delete
STREET ADDRESS 3523 LOGLUAR AVE
CITY-ST-ZIP MIAMI FL 33133

TITLE DV
NAME MOLLERE, BEN ☐ Delete
STREET ADDRESS 808 ALMERIA
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DS
NAME WOODBRIDGE, YOLANDA ☐ Delete
STREET ADDRESS 8700 SW 33RD AVE #419
CITY-ST-ZIP MIAMI FL 33183

TITLE M
NAME BURNS, GLORIA A ☐ Delete
STREET ADDRESS 1825 PONCE DE LEON BLVD., STE. 447
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DT
NAME COOKSON, J. THOMAS ☐ Delete
STREET ADDRESS 645 SIERRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C/D ☐ Change ☒ Addition
NAME William P. Murphy
STREET ADDRESS 595 Biltmore
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☒ Change ☐ Addition
NAME Langston, Henry O.
STREET ADDRESS 3523 Loguvar Ave.
CITY-ST-ZIP Miami, FL 33133

TITLE T/D ☐ Change ☒ Addition
NAME Anthony Baradat
STREET ADDRESS 2601 So. Bayshore Dr., # 300C
CITY-ST-ZIP Miami, FL 33133

TITLE V/D ☒ Change ☐ Addition
NAME Woodbridge, Yolanda
STREET ADDRESS 8700 SW 133 Road Avenue # 419
CITY-ST-ZIP Miami, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☒ Change ☐ Addition
NAME Cookson, J. Thomas
STREET ADDRESS 645 Sierra Circle
CITY-ST-ZIP Coral Gables, FL 33134

12. 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 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:

Y Woodbridge

12/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #