

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 046 ****61.25

DOCUMENT # N37907 1. Entity Name CORAL GABLES COMMUNITY FOUNDATION, INC.					
Principal Place of Business 2655 LEJEUNE RD. #1109 CORAL GABLES, FL 33134 US			Mailing Address 1825 PONCE DE LEON BLVD 447 CORAL GABLES, FL 33134-418 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURNS, GLORIA 1825 PONCE DELEON BLVD STE447 MIAMI, FL 33134			Name BUANS, GLORIA Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Rd. Suite 1109 City Coral Gables FL Zip Code 33134		
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 _____ (NOTE: Registered Agent signature required when reinstating). DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	☐ Delete	TITLE	D ☒ Change ☐ Addition	
NAME	MURPHY, WILLIAM		NAME		
STREET ADDRESS	595 BILTMORE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	TD ☐ Change ☒ Addition	
NAME	LANGSTON, HENRY O		NAME	Jorge De La Hoz	
STREET ADDRESS	3523 LOQUAT AVE.		STREET ADDRESS	304 Palermo Ave	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DV	☒ Delete	TITLE	DS ☐ Change ☒ Addition	
NAME	MOLLERE, BEN		NAME	Patricia Clarke	
STREET ADDRESS	808 ALMERIA		STREET ADDRESS	1001 Sunset Dr.	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	DS	☐ Delete	TITLE	CD ☒ Change ☐ Addition	
NAME	WOODBIDGE, YOLANDA		NAME	Woodbridge, Yolanda	
STREET ADDRESS	8700 SW 33RD AVE #419		STREET ADDRESS	8700 SW 33rd Ave. Rd. #419	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	M	☐ Delete	TITLE	M ☒ Change ☐ Addition	
NAME	BURNS, GLORIA A		NAME	BURNS, GLORIA A	
STREET ADDRESS	1825 PONCE DE LEON BLVD., STE. 447		STREET ADDRESS	2655 LeJeune Rd. # 1109	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COOKSON, J. THOMAS		NAME		
STREET ADDRESS	645 SIERRA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
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: <u>Y Woodbridge</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1/5/05</u> Daytime Phone # _____		

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01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0208290

Applied For
Not Applicable

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