2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N37907

Entity Name: CORAL GABLES COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

2655 LEJEUNE RD.
#1109
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD
447
CORAL GABLES, FL 33134418 US

New Mailing Address:

FEI Number: 65-0208290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, GLORIA
2655 LE JEUNE RD
STE 1109
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: GLICKEN, HOWARD
Address: 1207 ANASTASIA STE 38
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: DE LA HOZ, JORGE
Address: 3021 PALERMO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: DPC ( ) Delete
Name: WOODBRIDGE, YOLANDA
Address: 8700 SW 33RD AVE #419
City-St-Zip: MIAMI, FL 33183

Title: M ( ) Delete
Name: BURNS, GLORIA A
Address: 2655 LE JEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

Title: DP ( ) Delete
Name: COOKSON, J. THOMAS
Address: 645 SIERRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GLICKEN, HOWARD
Address: 1207 ANASTASIA STE 38
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: JEANNETT, SLESNICK
Address: 827 NORTH GREENWAY DRIVE
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPC (X) Change ( ) Addition
Name: COOKSON, J. THOMAS
Address: 645 SIERRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: M ( ) Change (X) Addition
Name: BURNS, GLORIA A
Address: 1825 PONCE DE LEON BLVD. PMB 447
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA A. BURNS M 04/30/2007

Electronic Signature of Signing Officer or Director — Date