


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90062 014 ****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 - No P.O. Box # 3001 Ponce de Leon Blvd.			3. Mailing Address 		
Suite, Apt. #, etc. #126			Suite, Apt. #, etc. 		
City & State Coral Gables FL			City & State 		
Zip 33134		Country US		4. FEI Number 65-0208290	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURNS, GLORIA 2655 LE JEUNE RD STE 1109 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Maria - Adelaide Cavaco Street Address (P.O. Box Number is Not Acceptable) 3001 Ponce de Leon Blvd. #126 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 <u>Maria-Adelaide Cavaco</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLICKEN, HOWARD		NAME	Jeannett Slesnick	
STREET ADDRESS	1207 ANASTASIA STE 38		STREET ADDRESS	3001 Ponce de Leon Blvd. #126	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LA HOZ, JORGE		NAME	Gabe Castrillon	
STREET ADDRESS	3021 PALERMO AVE		STREET ADDRESS	3001 Ponce de Leon Blvd. #126	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNETT, SLESNICK		NAME	Jerry Santeiro	
STREET ADDRESS	827 NORTH GREENWAY DRIVE		STREET ADDRESS	3001 Ponce de Leon Blvd. #126	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, GLORIA A		NAME	Maria-Adelaide Cavaco	
STREET ADDRESS	2655 LE JEUNE RD		STREET ADDRESS	3001 Ponce de Leon Blvd. #126	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	DPC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKSON, J. THOMAS		NAME	Susan Medina	
STREET ADDRESS	645 SIERRA CIRCLE		STREET ADDRESS	3001 Ponce de Leon Blvd. #126	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GLORIA A		NAME		
STREET ADDRESS	1825 PONCE DE LEON BLVD. PMB 447		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 exemptions contained 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 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>Maria-Adelaide Cavaco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					