

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44897

FILED
Jul 18, 2005
Secretary of State

Entity Name: THE COCONUT GROVE JUNIOR CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

250 CATALONIA
SUITE 300
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

250 CATALONIA
STE. 300
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0291162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KISKINIS, JOHN G
250 CATALONIA
STE. #300
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: PD () Delete
Name: KISKINIS, JOHN
Address: 10441 SW 107TH ST
City-St-Zip: MIAMI, FL

Title: CD () Delete
Name: KORGE, CHRISTOPHER
Address: 10355 SW 67TH AVE
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: JOFFRE, JOHN
Address: 7391 SW 117 TERR
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: BERNFIELD, JERRY
Address: 10350 SW 127TH CT
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: CORRAO, JONEEN
Address: 15408 SW 50TH TERRACE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KISKINIS, JOHN
Address: 250 CATALONIA, SUITE 300
City-St-Zip: CORAL GABLES, FL 33143

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN JOFFRE

SD

07/18/2005

Electronic Signature of Signing Officer or Director

Date