

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44897

FILED  
Aug 27, 2009  
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:**

230 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

250 CATALONIA  
STE. 300  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

230 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**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:**

KORGE, CHRISTOPHER G  
230 PALERMO AVENUE  
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: 250 CATALONIA, SUITE 300  
City-St-Zip: CORAL GABLES, FL 33134

Title: CD ( ) Delete  
Name: KORGE, CHRISTOPHER G  
Address: 230 PALERMO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: CHRISTOPHER G. KORGE

CD

08/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date