

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001971

FILED
Sep 06, 2005
Secretary of State

Entity Name: COCONUT GROVE CRIME PREVENTION COUNCIL, INC.

Current Principal Place of Business:

420 S. DIXIE HWY
SUITE 2B
CORAL GABLES, FL 33146 US

New Principal Place of Business:

3672 GRAND AVENUE
COCONUT GROVE, FL 33133 US

Current Mailing Address:

420 S. DIXIE HWY
SUITE 2-B
CORAL GABLES, FL 33146 US

New Mailing Address:

3672 GRAND AVENUE
COCONUT GROVE, FL 33133 US

FEI Number: 65-0544187 **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:

LOUPO, ROBERT E
3229 GIFFORD LANE
MIAMI, FL 33133 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: VP () Delete
Name: MCDONALD, YVONNE
Address: 3366 THOMAS AVE
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: P () Delete
Name: LOUPO, ROBERT E
Address: 3229 GIFFORD
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: T () Delete
Name: HARRING, KATHERINE
Address: 3645 LOQUAT
City-St-Zip: COCONUT GROVE, FL 33133 US

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:

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: ROBERT LOUPO

P

09/06/2005

Electronic Signature of Signing Officer or Director

Date