FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500002002 (2)

THE COCONUT GROVE FAMILY AND YOUTH INTERVENTION CENTER INC.

CENTE	IN INC.													
Principal Place of Business Mailing Address 3576 GRAND AVE. P.O. BOX 330322 MIAMI FL 33133 MIAMI FL 33233											- I DORAHON SIO IDEAL DIEN DENE BORN BONN BOND BEDIN BOND DENE DENE IDEN			
											3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1995	rt		
2. Principal P	lace of Busin	ess			2a. Mailing Address						4. FEI Number Applie	ed For		
21	# 414			26				_		65-0600865 Not Ap	pplicable			
22	Suite, Apt. #, etc.						Suite, Apt. #, etc. 7 City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required			
23	City & State								13		6. Election Campaign Financing \$5.00 Ma	ıy Be		
Zip	Country				28 Zip Co			Country			rust Fund Contribution Addition	ees		
24	25			وا	29 30			_ ´	n '		48. This corporation has liability for intangible tax under s. 199.0	032,		
9. Name and Address of Current Registered Agent								Florida Statutes Yes And 10 Name and Address of New Registered Agent						
								81	Na	me	To Aramo mile Madross of the Hagistared Agent			
MCDONALD, YVONNE 3576 GRAND AVE.														
								82	Str	eet Addre	ess (P.O. Box Number is Not Acceptable)			
MIAMI F	L 33133							83						
•														
-								84	Cit	У	FL 85 Zip Code	e		
			f Sections 617.0 in the State of F obligations of, 5					he above r by the corpo	ame	d corpora on's board	ation submits this statement for the purpose of changing its register d of directors. I hereby accept the appointment as registered agent	red office t. I am		
SIGNATURE	,		oongattorio or, c	00000110	11.00	oo, nonda od	atoles.							
- CARTONIE	Signature, typed	or printe	d name of registered	agert and tu	le if appl	licative	(NOTE: P	legistered Ageri	signa	lure required	when renstating? DA1s			
12.			OFFICERS	AND DIF	RECTO	DRS		13.			ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12		
TITLE						DEFELE	E	1.1 TITLE		\mathbf{p}	Change EN	Addition		
NAME								1.2 NAME				.		
STREET ADDRESS								1.3 STREET	ADORE	155	vid J. Alexander			
CITY - ST - ZIP								14 CHY-ST-ZIP MI		MI	82 Grand Avenue			
TITLE					DELETE			21 TITLE D			☐ Change	Addition		
NAME											onne McDonald			
STREET ADDRESS											76 Grand Avenue			
CITY-ST-ZIP											ami, Florida 33133			
TITLE [DELETE			3 1 TITLE		10		Addition		
NAME CIPCLY ADDRESS								3 2 NAME			arles McKinnon	}		
STREET ADDRESS								33STREE!			453 S.W. 107th Court			
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NAME						["] nereig		4 1 TITLE			Change A	Addition		
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!								4.3 STREET						
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NAME						-Totatie		5 1 THTLE			Change A	Addition		
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NAME						Florreit		6 1 TITLE 6 2 NAME			900001910149°° - ^ ^ ^ - 08/01/9601011015	ddition		
STREET ADDRESS											-08/01/9601011015			
CITY-ST-ZIP								63 STREET A		22	***70.00			
Gill Gl ZIF								64 CHTY-ST	ZIP	- 1		ľ		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID J. ALEXANDER, EXECUTIVE DIRECTOR (CGLDC) Date