

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90285 044 ****70.00

DOCUMENT # N95000002002 1. Entity Name THE COCONUT GROVE FAMILY AND YOUTH INTERVENTION CENTER INC.					
Principal Place of Business 3672 GRAND AVENUE MIAMI, FL 33133			Mailing Address P.O. BOX 330322 MIAMI, FL 33233		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0600865		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04142004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MCDONALD, YVONNE 3411 OAK AVENUE MIAMI, FL 33133			7. Name and Address of New Registered Agent Name YVONNE M. McDONALD Street Address (P.O. Box Number is Not Acceptable) 3366 THOMAS AVENUE City MIAMI, FLORIDA FL Zip Code 33133		
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 _____ <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 May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, ANNIE B 3802 AOK AVENUE MIAMI, FL <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALONSO-POCH, MANUEL 2100 PONCE DE LEON DR. #1170 MIAMI, FL 33143 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition CD ALONSO-POCH, MANUEL 2100 PONCE DE LEON DR. STE. 901 MIAMI, FLORIDA 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONARD, WILLIE 3616 DAY AVENUE MIAMI, FL 33133 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERSTER, LUCIAN 1320 NW 14TH STREET MIAMI, FL 33125 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: Yvonne McDonald <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/14/04 (305) 446-3095 <small>Date Daytime Phone #</small>		