

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90156 033 \*\*\*\*61.75

**DOCUMENT # N95000002002**

1. Entity Name

**THE COCONUT GROVE FAMILY AND YOUTH INTERVENTION  
CENTER INC.**



Principal Place of Business

**3600 GRAND AVE.  
APT #3 & 6  
MIAMI FL 33133**

Mailing Address

**P.O. BOX 330322  
MIAMI FL 33233**

2. Principal Place of Business

**3672 GRAND AVENUE**

3. Mailing Address

**P.O. BOX 330075**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**COCONUT GROVE, FLORIDA**

City & State

**COCONUT GROVE, FLORIDA**

Zip

**33133**

Country

**DADE**

Zip

**33133**

Country

**DADE**

4. FEI Number **65-0600865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25** ✓

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete  
NAME **DAVIS, JAMES H**  
STREET ADDRESS **1845 NW 65TH STREET**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **CD** ☐ Delete  
NAME **ALONSO-POCH, MANUEL**  
STREET ADDRESS **2100 PONCE DE LEON DR. #1170**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **TD** ☐ Delete  
NAME **LEONARD, WILLIE**  
STREET ADDRESS **3616 DAY AVENUE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **S** ☐ Delete  
NAME **FERSTER, LUCIAN**  
STREET ADDRESS **1320 NW 14TH STREET**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **P** ☒ Delete  
NAME **HARRIS, ROBERT**  
STREET ADDRESS **777 BRICKELL AVENUE, STE 1114**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SAA** ☒ Delete  
NAME **MCCOY, DON**  
STREET ADDRESS **2850 SW 27TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33133**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☒ Addition  
NAME **ANNIE B. BAKER**  
STREET ADDRESS **3802 OAK AVENUE**  
CITY-ST-ZIP **MIAMI, FLORIDA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/1/03 (305) 569-9660**

CR2E037 (10/02)