

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002918 (9)

1. Corporation Name

COBB FOUNDATION, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 | 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 |

| | |
|---|-------------------------|
| 3. Date Incorporated or Qualified 06/15/1995 | 3a. Date of Last Report |
|---|-------------------------|

| | | | |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0593216 | Applied For Not Applicable |
| 21 | 26 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 City & State | 28 City & State | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 Zip | 25 Country | 29 Zip | 30 Country |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when transferring!

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COBB, RHONDA W | 12 NAME | Correct spelling is "RHODA" |
| STREET ADDRESS | 212 KEY PALM DRIVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | 14 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARE, RHONDA C | 22 NAME | Correct spelling is "RHODA" |
| STREET ADDRESS | 147 ALHAMBRA CIRCLE STE 205 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 24 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COBB, WILLIAM | 32 NAME | |
| STREET ADDRESS | 212 KEY PALM DRIVE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rhoda W. Cobb Date: 3/19/96 Daytime Phone #: 4073917071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)