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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000002304

1. Corporation Name
**CORAL GABLES WAR MEMORIAL YOUTH CENTER ASSOCIATI
 ON, INC.**

Principal Place of Business	Mailing Address
405 UNIVERSITY DR STE 211 CORAL GABLES FL 33134 US	405 UNIVERSITY DRD STE 211 CORAL GABLES FL 33134 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0668477	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDIN, JACOB	1.2 NAME	COLBERT, CARL
STREET ADDRESS	3629 HARLANO ST	1.3 STREET ADDRESS	3001 PONCE DE LEON BLVD. #211
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSOT, OTTO	2.2 NAME	
STREET ADDRESS	1025 SEVILLA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, BETH	3.2 NAME	
STREET ADDRESS	1041 ANDALUSIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, AUSTIN S,	4.2 NAME	PARKER, BETTY ANN
STREET ADDRESS	1218 CORAL WAY	4.3 STREET ADDRESS	ELIZABETH
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, KIRK	5.2 NAME	
STREET ADDRESS	346 MALAGA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, ROBERT B	6.2 NAME	
STREET ADDRESS	2819 ALHAMBRA CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 3/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037-(11/98)