

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90046 024 ****61.25

DOCUMENT # N96000002304
 1. Entity Name
CORAL GABLES WAR MEMORIAL YOUTH CENTER ASSOCIATION, INC.



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**MENENDEZ, KIRK R
 405 UNIVERSITY DR
 STE 211
 CORAL GABLES FL 33134**

4. FEI Number: **59-0668477**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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 NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BERG, RANDY 2710 COUNTRY CLUB PRADO CORAL GABLES FL 33134
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	SENIOR, HOWARD 405 UNIVERSITY DR. ST. 211 CORAL GABLES FL 33134
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	HALL, LEWIS M JR. 2907 ALHAMBAR CIRCLE CORAL GABLES FL 33134
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	HALL, MIRIEL F 408 UNIVERSITY DR, STE 211 CORAL GABLES FL 33134
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	VD MENENDEZ, KIRK 346 MALAGA AVE CORAL GABLES FL 33134
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	D HAYES, LONNIE 630 SAN LORENZO MIAMI FL 33146

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: Kirk R. Menendez (Kirk R. Menendez - President) 4/1/04 305-510-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #