2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002304

FILED Mar 26, 2008 Secretary of State

Entity Name: CORAL GABLES WAR MEMORIAL YOUTH CENTER ASSOCIATION, INC.

Current Principal Place of Business:				New Pr	New Principal Place of Business:			
405 UNIVE STE 211	RSITY DR							
	ABLES, FL 331	134 US						
Current Mailing Address:				New Ma	New Mailing Address:			
	RSITY DR							
STE 211 CORAL GA	ABLES, FL 33°	134 US						
El Number:	59-0668477	FEI Number A	pplied For ()	FEI Number Not A	Applicable ()	Certificate of Status Desir	ed ()	
Name and	Address of C	urrent Regis	tered Agent:	Name a	and Address o	of New Registered Agent:		
100 S. E. S 1320 BANK MIAMI, FL	, RANDALL C ECOND STRE (OF AMERICA 33131 US	EET A TOWER						
	named entity s of Florida.	ubmits this st	atement for the p	urpose of changir	ng its registere	d office or registered agent	, or both,	
SIGNATUF								
Electronic Signature of Registered Agent				ent	Date			
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	BERG, JR., RAN	ID STREET, #43	20	Title: Name: Address: City-St-Zi	ip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	PD () SENIOR, HOWA 405 UNIVERSIT CORAL GABLES	Y DR. ST. 211		Title: Name: Address: City-St-Zi		DELAND BLVD, STE. 1104		
Fitle: Name: Address: City-St-Zip:	D () HALL, LEWIS M 2907 ALHAMBR CORAL GABLES	A CIRCLE		Title: Name: Address: City-St-Zi	ip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	T () HALL, MURIEL 2907 ALHAMBR CORAL GABLES	A CIRCLE		Title: Name: Address: City-St-Zi	ip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D () MENENDEZ, KII 346 MALAGA AV CORAL GABLES	/E		Title: Name: Address: City-St-Zi	ip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	D () HAYES, LONNIE 630 SAN LOREI MIAMI, FL 3314	NZO		Title: Name: Address: City-St-Zi	ip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL C. BERG, JR. D 03/26/2008