


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

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003778</b> 1. Entity Name <b>COMMITTEE OF ONE HUNDRED OF MIAMI BEACH, INC.</b>					
Principal Place of Business <b>269 GIRALDA AVENUE SUITE 302 CORAL GABLES FL 33134</b>			Mailing Address <b>269 GIRALDA AVENUE SUITE 302 CORAL GABLES FL 33134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2020710</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent  <b>CORAL GABLES SECRETARIAL SERVICES C/O NANCY C. MORGAN 269 GIRALDA AVE., SUITE 302 CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GALLAGHER, PHIL C 770 PALM BAY LANE, #8-F MIAMI FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GRAMLING, FRANK R 200 SE 13TH ST FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JACOBS, T. SINCLAIR 145 SE 25 RD., STE 31002 MIAMI FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SANFORD, DAVID 11111 BISCANYNE BLVD-#558 MIAMI FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STEIN, DOROTHY M 2222 PONCE DE LEON BLVD., STE. #210 CORAL GABLES FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCDUGAL III, ROBERT D 34 INDIAN CREEK ISLAND MIAMI FL 33154	<input type="checkbox"/> Delete			
TITLE 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:** *Phil C. Gallagher* **Phil C. Gallagher** 1/23/04 305/ 714 - 4400