2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003778

1. Entity Name
COMMITTEE OF ONE HUNDRED OF MIAMI BEACH, INC.

Principal Place of Business	Mailing Address
269 GIRALDA AVENUE SUITE 302 CORAL GABLES, FL 33134	269 GIRALDA AVENUE SUITE 302 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2020710
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORAL GABLES SECRETARIAL SERVICES
C/O NANCY C. MORGAN
269 GIRALDA AVE., SUITE 302
CORAL GABLES, FL 33134

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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)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GALLAGHER, PHIL C
STREET ADDRESS	770 PALM BAY LANE, #8-F
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	DV
NAME	GRAMLING, FRANK R
STREET ADDRESS	200 SE 13TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	DV
NAME	JACOBS, T. SINCLAIR
STREET ADDRESS	145 SE 25 RD., STE 31002
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	DT
NAME	SANFORD, DAVID
STREET ADDRESS	11111 BISCANYNE BLVD-#558
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	DS
NAME	STEIN, DOROTHY M
STREET ADDRESS	2222 PONCE DE LEON BLVD., STE. #210
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DV
NAME	MCDOUGAL III, ROBERT D
STREET ADDRESS	34 INDIAN CREEK ISLAND
CITY-ST-ZIP	MIAMI, FL 33154

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01/21/05-80044-001 61.25
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Chk# 15408

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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: Nancy C. Morgan NANCY C. MORGAN 1/5/05 305-774-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #