


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001120 1. Entity Name COCONUT GROVE CORAL GABLES WRITERS, INC.	
---	--

Principal Place of Business 3512 THOMAS AVENUE MIAMI FL 33133	Mailing Address 3512 THOMAS AVENUE MIAMI FL 33133
---	---



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

1st MOORE CR2E037 (10/05)

4. FEI Number **65-0932831** Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete FOUNTAIN M., ROSE 3512 THOMAS AVENUE MIAMI FL 33133
TITLE	VD <input type="checkbox"/> Delete STOCKER, LAURE 3512 THOMAS AVENUE MIAMI FL 33133
TITLE	S <input type="checkbox"/> Delete STOCKER, LUNETTE 3512 THOMAS AVENUE MIAMI FL 33133
TITLE	T <input type="checkbox"/> Delete WILLIAMS, CHRISTOPHER L 3512 THOMAS AVENUE MIAMI FL 33133
TITLE	D <input type="checkbox"/> Delete STOCKER, A L 3512 THOMAS AVENUE MIAMI FL 33133
TITLE	D <input type="checkbox"/> Delete COATS, FLOYD J 3512 THOMAS AVENUE MIAMI FL 33133

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 