

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719460

Entity Name: TRUSTEES FOR THE CHRISTIAN SCIENCE ORGANIZATION,
UNIVERSITY OF MIAMI, INC.

Current Principal Place of Business:

1115 LEVANTE STREET
CORAL GABLES, FL 33146

Current Mailing Address:

1115 LEVANTE AVENUE
CORAL GABLES, FL 33146 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADE, ROBERT C.
520 BRICKELL KEY DRIVE
OFFICE PLAZA 201
MIAMI, FL 33131 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WADE, ROBERT C.
Address 10080 SW 66TH ST.
City-State-Zip: MIAMI FL 33173

Title VD
Name SIMON, KEVIN JOHN
Address 1115 LEVANTE STREET
City-State-Zip: CORAL GABLES FL 33146

Title STD
Name WADE, DONNA B
Address 10080 SW 66 STREET
City-State-Zip: MIAMI FL 33173

Title VC
Name ROBINSON, SIDNEY
Address 1115 LEVANTE STREET
City-State-Zip: CORAL GABLES FL 33146

I hereby 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 all other like empowered.

SIGNATURE: DONNA WADE

SECRETARY/TREASURER 02/24/2019

Electronic Signature of Signing Officer/Director Detail

Date