

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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 STREET
CORAL GABLES, FL 33146 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WADE, DONNA B
10080 SW 66 STREET
MIAMI, FL 33173 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: DONNA B. WADE

10/02/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	PD
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

Title	VC
Name	GONZALEZ, ESTRELLA D
Address	830 NW 39TH COURT
City-State-Zip:	MIAMI FL 33126

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

TREASURER

10/02/2023

Electronic Signature of Signing Officer/Director Detail

Date