

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90042 008 ****61.25

DOCUMENT # N00000002431					
1. Entity Name MIAMI-DADE SCHOOL READINESS COALITION, INC.					
Principal Place of Business SCHOOL READINESS COALITION MIAMI-DADE 3250 SW THIRD AVE., 5TH FLOOR MIAMI, FL 33129			Mailing Address MIAMI-DADE SCHOOL READINESS COALITION 3250 SW THIRD AVE 5TH FLOOR MIAMI, FL 33129 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0830840	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOD, CHARLES M III 3250 SW THIRD AVENUE/ 5TH FLOOR MIAMI, FL 33129			7. Name and Address of New Registered Agent Name: <u>Paula Bender</u> Street Address (P.O. Box Number is Not Acceptable): <u>3250 SW Third Ave</u> <u>5th Floor</u> City: <u>Miami</u> FL Zip Code: <u>33129</u>		
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: <u>[Signature]</u> DATE: <u>[Signature]</u> 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, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CD NAME JOHNSON, PATRICIA G STREET ADDRESS 815 NW 57TH AVE. STE. 100 CITY-ST-ZIP MIAMI, FL 33126	☐ Delete		TITLE Co-chair NAME Johnson, Patricia STREET ADDRESS 815 NW 57 Ave Ste 100 CITY-ST-ZIP Miami, FL 33126	☒ Change ☐ Addition	
TITLE CD NAME LAWRENCE, DAVID JR STREET ADDRESS 3250 SW THIRD AVENUE, 5TH FLOOR CITY-ST-ZIP MIAMI, FL 33129	☒ Delete		TITLE Co-chair NAME Ivory, Willie F. STREET ADDRESS 19501 Biscayne Blvd Suite 400 CITY-ST-ZIP Aventura, FL 33180	☒ Change ☐ Addition	
TITLE VCD NAME PEREZ, MARTA DR. STREET ADDRESS 1450 NE SECOND AVE. CITY-ST-ZIP MIAMI, FL 33132	☒ Delete		TITLE Vice-Chair NAME Rovira, Lourdes STREET ADDRESS 1500 Biscayne Blvd Suite 327-K CITY-ST-ZIP Miami, FL 33132	☒ Change ☐ Addition	
TITLE SD NAME ROBINSON, JANE STREET ADDRESS 395 NW FIRST STREET CITY-ST-ZIP MIAMI, FL 33128	☒ Delete		TITLE Secretary NAME Burley, Vickie STREET ADDRESS 5555 Biscayne Blvd. CITY-ST-ZIP Miami, FL 33137	☒ Change ☐ Addition	
TITLE TD NAME SCHWARTZ, GERALD ATY. STREET ADDRESS 1111 LINCOLN ROAD/4TH FLOOR CITY-ST-ZIP MIAMI BEACH, FL 33139	☒ Delete		TITLE Treasurers NAME Park, Dabney (Bud) STREET ADDRESS 2121 Ponce De Leon Suite 422 CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: <u>[Signature]</u> Date: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					