

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009948

FILED  
Feb 09, 2007  
Secretary of State

Entity Name: MIAMI COALITION OF CHRISTIANS AND JEWS, INC.

**Current Principal Place of Business:**

150 SE 2ND AVENUE  
SUITE 411  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 SE 2ND AVENUE  
SUITE 411  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-3534284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOWE, JIM  
150 SE 2ND AVENUE  
SUITE 411  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ADAMS, NELSON L M.D.  
Address: 100 NW 170TH STREET #304  
City-St-Zip: NORTH MIAMI, FL 33169

Title: D ( ) Delete  
Name: ANGONES, GEORGINA A  
Address: 1203 SANTONA STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: AGUIRRE, ALEJANDRO J  
Address: 2900 NW 39TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: BIERMAN, DONALD ESQ.  
Address: 800 BRICKELL AVENUE #2  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: BOOK, RONALD L  
Address: 2999 NE 191 STREET #6  
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete  
Name: MONTOYA, PATRICK  
Address: 255 ARAGON AVE  
City-St-Zip: CORAL GABLES, FL 33168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES E HOWE, JR.

ED

02/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date