
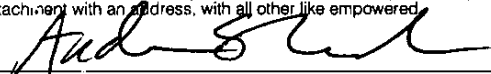


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90043 027 ****70.00

| | | | | | |
|--|-------------------|--|---|--|--------------------------------------|
| DOCUMENT # N07000000491 | | | |  | |
| 1. Entity Name SOUTH FLORIDA COMMUNITY DEVELOPMENT COALITION, INC. | | | | | |
| Principal Place of Business 181 N.E. 82ND STREET MIAMI, FL ;3313-8 | | Mailing Address 181 N.E. 82ND STREET MIAMI, FL ;3313-8 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 45-0553449 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LITTLE, JOHN 3000 BISCAYNE BLVD. STE 500 MIAMI, FL 33137 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PATTERSON, DON | | NAME | | |
| STREET ADDRESS | P.O. BOX 012313 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33101 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DILLER, SAM | | NAME | | |
| STREET ADDRESS | 181 NE 82ND ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33138 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SHANK, ARDEN | | NAME | | |
| STREET ADDRESS | 181 NE 82ND ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33138 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GROSS, OLIVER | | NAME | | |
| STREET ADDRESS | 8500 NW 25TH AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33147 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | | Date: 5-23-08 | | Daytime Phone #: 305-751-5811 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

ATTACHMENT

40105274

N07000000491

SOUTH FLORIDA COMMUNITY DEVELOPMENT COALITION

Board of Directors 2008

D
Sam Diller
181 NE 82nd St.
Miami, FL 33138

V/D
Oliver Gross
8500 NW 25th Ave.
Miami, FL 33147

D
Mikal Hamin
5245 NW 7th Ave.
Miami, FL 33127

S
John Little
3000 Biscayne Blvd.
Miami, FL 33137

D
Steve Mainster
35801 SW 186 Ave
Florida City, FL 33034

D
Harris Millman
140 NE 83rd St.
Miami, FL 33138

D
Don Patterson
301 NW 9th Street
Miami, FL 33136

D
Jihad Rashid
3628 Grand Ave.
Miami, FL 33133

T/D
Ramon Rodriguez
1001 Brickell Bay Dr.
Miami, FL 33131

D
Barbara Romani
8750 36th St., 7th Floor
Miami, FL 33178

D
Denis Russ
945 Pennsylvania Ave.
Miami Beach, FL 33139

P/D
Arden Shank
181 NE 82nd St.
Miami, FL 33138

D
Rosa Talero
150 SE 2nd Ave., Suite 911
Miami, FL 33131