

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:19

DOCUMENT # **N27210** (6)

1. Corporation Name  
**THE MIAMI COALITION FOR A SAFE AND DRUG-FREE COMMUNITY, INC.**

Principal Place of Business <b>400 S.E. SECOND AVE. 4TH FLOOR MIAMI FL 33131</b>	Mailing Address <b>400 S.E. SECOND AVE. 4TH FLOOR MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/29/1988</b>	3a. Date of Last Report <b>02/23/1994</b>
4. FEI Number <b>65-0078686</b>	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAATTAMA, HENRY H., JR.  
200 S. BISCAYNE BLVD.  
SUITE 4500  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOOTE, EDWARD THADDEUS</b>	1.2 NAME	
STREET ADDRESS	<b>1252 MEMORIAL DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOLLIVETTE, CYRUS M.</b>	2.2 NAME	
STREET ADDRESS	<b>1252 MEMORIAL DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b>	3.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETANCOURT, ANNIE</b>	3.2 NAME	<b>Sister Jeanne O'Laughlin, O.P.</b>
STREET ADDRESS	<b>111 NW 1ST ST 6 FLOOR</b>	3.3 STREET ADDRESS	<b>Barry University</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>11300 NE 2nd Ave, Miami Shores, FL 33161</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUMBERG, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>1440 BRICKELL AVE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPMAN, ALVAH H., JR.</b>	5.2 NAME	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CODINA, ARMANDO</b>	6.2 NAME	
STREET ADDRESS	<b>STE. 1500 150 W. FLAGLER</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Jollivet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/94

284-5255