Applied For

Fee Required

\$5.00 May Be Added to Fees

Not Applicable \$8.75 Additional

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## **DOCUMENT # N38462**

1. Corporation Name

SUITE 833

THE DADE COALITION FOR COMMUNITY EDUCATION, INC.							4 463131 - 901			
Principal Place	of Business	Mailing Address			•		403232			
1450 NE 2ND AVENUE SUITE 833 MIAMI FL 33132 US		1450 NE 2ND AVE SUITE 833 MIAMI FL 33132 US								
2. Principal Pla	ace of Business	2a. Mailing Addre	ss			3.	Date Incorporated or Qualifed 06/04/1990			
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.				4. FEI Number 65-0197821  5. Certifcate of Status Desired			
	the state of the s	— ´								
Zip	Country 25	Zip	30	ountry		6.	Election Campaign Financing Trust Fund Contribution			
Name and Address of Current Registered Agent						10.	Name and Address of New Regi			
COVERSON, T. L. 1450 NE 2ND AVE				81 82 83	Name Street Ad	dress (f	P.O. Box Number is Not Acceptable)			
CHITTE 022				103						

**FILED** Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90195 044 \*\*\*\*61.25



10. Name and Address of New Registered Agent

MIAMI FL	33 132		84	City		4	FL	85	Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
SIGNATURE												
Organization of the Control of the C				t signature requ	uired when reinstating)	/CHANGES TO OF	DATE	n ninc	OTODO I	N 42		
12.	OFFICERS AND DIRE		13.		ADDITIONS	CHANGES TO UP	-FICERS AN			Addition		
TITLE	D	☐ DELETE	1.1 TITLE				• •	☐ Cha	uide [_	JAGOIDON		
NAME	PEARLSON, MARJORIE G.		1.2 NAME									
STREET ADDRESS	6400 S.S. 129TH TERR		1.3 STREET	ADDRESS			,			ľ		
CITY-ST-ZIP	MIAMI FL		1.4 CITY+S	r-ZIP						,		
TITLE	SD	□ DELETE	2.1 TITLE					☐ Cha	.nge [	] Addition [		
NAME	COHN, MILDRED AUGENSTEIN		2.2 NAME					•		ì		
STREET ADDRESS	2824 CLEVELAND ST.		2.3 STREET	ADDRESS								
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-S	T-ZIP								
TITLE	D	☐ DELETE	3.1 TITLE			<u> </u>		☐ Cha	nge 🗀	] Addition [		
NAME	BAVLY, HARRY		3.2 NAME		٠				-	~ ·		
STREET ADDRESS	18011 BISCAYNE BLVD		3.3 STREET	ADDRESS								
CITY-ST-ZIP	MIAM? FL		3.4. CITY-S	T-ZIP								
TITLE	D	☐ DELETE	4.1 TITLE					Cha	inge 🗀	Addition		
NAME	BROWN, LINDA D.		4.2 NAME									
STREET ADDRESS	3945 LOQUAT AVE		4.3 STREET	ADDRESS								
CITY-ST-ZIP	COCONUT GROVE FL 33133		4.4 CITY-ST	r-zi <del>p</del>	-			,				
TITLE	P	☐ DELETE	5.1 TITLE					☐ Cha	inge [	Addition		
NAME	MILLER, PHYLLIS		5.2 NAME		•			; ·,		, ]		
STREET ADDRESS	5660 COLLINS AVE, APT 18C		5.3 STREET	ADDRESS	•			's.				
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-S	r-zip			· · ·					
TITLE	D.	☐ DELETE	6.1 TITLE		•		÷ . :	Cha	inge 🗆	Addition		
NAME	COVERSON, T. L.		6.2 NAME	1			: '			. 1		
STREET ADDRESS	9112 NE 10 AVE		6.3 STREET	ADDRESS								
CITY-ST-ZIP	N. SHORES FL 33138		6.4 CITY-S	T-ZIP			*	:				
	certify that the information supplied with this fil	ing does not qualify for	he exempti	on stated in	n Section 119 07(3)(	i). Florida Statutes.	I further cert	tify that	the inform	nation		

in nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(f), Fronda Statutes. Indicate certify that the filling indicated on this annual report or suppliemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

JRE HARASIARIEDL