


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N38462

1. Entity Name
THE MIAMI-DADE COALITION FOR COMMUNITY EDUCATION, INC.



Principal Place of Business 1450 NE 2ND AVENUE SUITE 726A MIAMI, FL 33132 US	Mailing Address 1450 NE 2ND AVENUE SUITE 726A MIAMI, FL 33132 US
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0197821	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EDMOND, JOHN
 1450 NE 2ND AVE
 SUITE 726A
 MIAMI, FL 33132**

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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 re-registering) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALM, JULIE 1220 NE 153 ST. MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHN, MILDRED 2824 CLEVELAND ST. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRANHEM, DR. JAMES 2375 SE 7TH PL. HOMESTEAD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, EUGENIA 1110 NW 41 STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, MELBA MS 5630 ALTON ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMILLON, DANNIE 4420 NW 176TH STREET CAROL CITY, FL 33035

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 03/01/07-80030-003 61.25

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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: Julie Palm Julie Palm 2/7/07 305-945-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #