


**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 <b>1450 NE 2ND AVENUE          SUITE 726A          MIAMI, FL 33132 US</b>	Mailing Address <b>1450 NE 2ND AVENUE          SUITE 726A          MIAMI, FL 33132 US</b>
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**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0197821</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

U00000642122  
 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 #