


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90015 044 ****61.25

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

40048631



2. Principal Place of Business - No P.O. Box #
 18180 SW 122 AVE

3. Mailing Address
 18180 SW 122 AVE

Suite, Apt. #, etc.
 SOUTH CAMPUS ADMIN BLDG

Suite, Apt. #, etc.
 SOUTH CAMPUS ADMIN BLDG

02072008 Chg-NP CR2E037 (12/06)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 65-0197821

Applied For
 Not Applicable

Zip
 33177

Country
 US

Zip
 33177

Country
 US

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

7. Name and Address of New Registered Agent

Name
 LYNNE KAPLAN

Street Address (P.O. Box Number is Not Acceptable)
 18180 SW 122 AVE

SOUTH CAMPUS ADMIN BLDG

City
 MIAMI

FL

Zip Code
 33177

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 L. Kaplan (NOTE: Registered Agent signature required when reinstating)

DATE 2/7/08

Filing Fee is \$61.25
 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTLE, ROSALIND	
STREET ADDRESS	3801 S. OCEAN DR, #10X	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHOLTZ, PETER	
STREET ADDRESS	4411 SW 123 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIEGEL, MARILYN	
STREET ADDRESS	199 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	

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 reports 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 trust 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 attach:

SIGNATURE: O. M. Gonzalez

DATE: _____ DAYTIME PHONE #: _____