
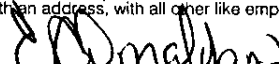


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90044 042 ****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		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01222004 Chg-NP CR2E037 (10/03) 65-0197821	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DONALDSON, EDWARD 1450 NE 2ND AVE SUITE 726A MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LICHTER, SOLOMON S DR 1000 QUAYSIDE TERR TOWER 1 PH12 MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JULIE PALM 1220 NE 153 ST. NORTH MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD COHN, MILDRED AUGENSTEIN 2824 CLEVELAND ST. HOLLYWOOD, FL 33020		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD MARSHALL, PRESTON DR 900 NW 85 ST MIAMI, FL 33150		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD THOMAS, EDGENIA B 1110 NW 41 STREET MIAMI, FL 33127		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD DIAZ, ESTRELLA MS 1450 NE 2ND AVE RM 822 MIAMI, FL 33132		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD VEGNANI, PATRICIA MR 4300 BISCAYNE BLVD STE 101 MIAMI, FL 33137		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD PRESTON MARSHALL 900 NW 85 ST. MIAMI, FL 33150		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD EUGENIA THOMAS 1110 NW 41 ST MIAMI, FL 33127		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  3/12/04 (305) 995-4216 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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