## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006379

Entity Name: MIAMI-DADE COALITION ON AGING, INC.

FILED
Mar 31, 2016
Secretary of State
CC1585355840

Date

## **Current Principal Place of Business:**

10279 NW 46 STREET SUNRISE. FL 33351

## **Current Mailing Address:**

POST OFFICE BOX 4503 MIAMI LAKES, FL 33014 US

FEI Number: 65-1055971 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION OF NONPROFIT ORGANIZATIONS 512 NE THIRD AVENUE FORT LAUDERDALE . FL 33301 US

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.

SIGNATURE: MARINA PAVLOV 03/31/2016

Title

**SECRETARY** 

Electronic Signature of Registered Agent

Officer/Director Detail :

Title PRESIDENT Title EXECUTIVE DIRECTOR

Name CURBELO, PEDRO V Name COMMUNITY HEALTH RESOURCES,

INC

Address 10279 NW 46 STREET Address 10279 NW 46 STREET Address

City-State-Zip: SUNRISE FL 33351

City-State-Zip: SUNRISE FL 33351

Title VP

 Name
 RIVER, LYMARI
 Name
 ZAITER, WENDY

 Address
 PO BOX 4503
 Address
 PO BOX 4503

City-State-Zip: MIAMI LAKES FL 33014 City-State-Zip: MIAMI LAKES FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO CURBELO PRESIDENT 03/31/2016