

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90192 044 ****61.25

DOCUMENT # N00000006379

1. Entity Name

MIAMI-DADE COALITION ON AGING, INC.



Principal Place of Business

POST OFFICE BOX 1283
MIAMI FL 33137

Mailing Address

POST OFFICE BOX 1283
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-1055971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGFORD, DRACE
720 NE 69TH STREET
8 WEST
MIAMI FL 33138

Name

Peyton, Karlene

Street Address (P.O. Box Number is Not Acceptable)

9500 S. Dadeland Blvd.

City

Miami

FL

Zip Code

33156

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

Karlene Peyton (KARLENE PEYTON)

4/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LANGFORD, DRACE ☒ Delete
STREET ADDRESS 720 NE 69TH ST #8W
CITY - ST - ZIP MIAMI FL 33138

TITLE PD ☐ Change ☒ Addition
NAME Peyton, Karlene
STREET ADDRESS 9500 S. Dadeland Blvd.
CITY - ST - ZIP Miami, FL 33156

TITLE VD ☒ Delete
NAME ZEIGLER, FREADD
STREET ADDRESS 9500 S DADELAND BLVD #440
CITY - ST - ZIP MIAMI FL 33156

TITLE JD ☐ Change ☒ Addition
NAME Walzer, Mimi
STREET ADDRESS 5200 NE 2nd Ave.
CITY - ST - ZIP Miami, FL 33137

TITLE TD ☐ Delete
NAME MCCABE, FRANCES SR.
STREET ADDRESS 7525 NW 2ND AVENUE
CITY - ST - ZIP MIAMI FL 33150

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE SD ☒ Delete
NAME FIUZA, ALEX
STREET ADDRESS 7300 N. KENDALL DR #660
CITY - ST - ZIP MIAMI FL 33156

TITLE SD ☐ Change ☒ Addition
NAME Nemeroff, Wendie
STREET ADDRESS 5200 NE 2nd Ave.
CITY - ST - ZIP Miami, FL 33137

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Karlene Peyton (KARLENE PEYTON)

4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #