

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006379

FILED
Jul 13, 2005
Secretary of State

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

Current Principal Place of Business:

POST OFFICE BOX 1283
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1283
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-1055971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PEYTON, KARLENE
9500 S. DADELAND BLVD
MIAMI, FL 33156 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEYTON, KARLENE
Address: 9500 S. DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: JD () Delete
Name: WALZER, MIMI
Address: 5200 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: MCCABE, FRANCES SR.
Address: 7525 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: NEMEROFF, WENDIE
Address: 5200 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SR. FRANCES MCCABE

TD

07/13/2005

Electronic Signature of Signing Officer or Director

Date