2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N00000006379

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:

7525 NW 2ND. AVE.
MIAMI, FL 33150

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)**

Name and Address of Current Registered Agent:

BUCHANAN, MARY
280 SIERRA DR
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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:	BUCHANAN, MARY	
Address:	280 SIERRA DR	
City-St-Zip:	NORTH MIAMI, FL 33179	
Title:	D	( ) Delete
Name:	UMANA-ALVEREZ, XIOMARA	
Address:	190 NE 199 ST, STE 104	
City-St-Zip:	MIAMI, FL 33179	
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:	5775 BLUE LAGOON DR.	
City-St-Zip:	MIAMI, FL 33126	

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 exemption stated in Chapter 119, 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: SISTER FRANCES MCCABE TD 02/05/2009

Electronic Signature of Signing Officer or Director — Date