

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 16, 2009**  
**Secretary of State**

DOCUMENT# N00000006379

**Entity Name:** MIAMI-DADE COALITION ON AGING, INC.**Current Principal Place of Business:**7525 NW 2ND. AVE.  
MIAMI, FL 33150**New Principal Place of Business:**1800 NORTHEAST 168TH STREET  
NORTH MIAMI BEACH, FL 33162**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 ( )****Name and Address of Current Registered Agent:**BUCHANAN, MARY  
280 SIERRA DR  
NORTH MIAMI, FL 33179 US**Name and Address of New Registered Agent:**ZWEIG, ILENE  
1800 NORTHEAST 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 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: ILENE ZWEIG

12/16/2009

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: PD (X) Change ( ) Addition  
Name: ZWEIG, ILENE  
Address: 1800 NORTHEAST 168TH STREET - SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Change ( ) Addition  
Name: NEMEROFF, WENDIE WERNER  
Address: 5775 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 33126

Title: TD (X) Change ( ) Addition  
Name: UMANA-ALVAREZ, XIOMARA  
Address: 6447 MIAMI LAKES DRIVE EAST / SUITE 210M  
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD (X) Change ( ) Addition  
Name: WERNER, ELIZABETH  
Address: 15873 SW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

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: ELIZABETH WERNER

SD

12/16/2009

Electronic Signature of Signing Officer or Director

Date