

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90131 008 ****70.00

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1. Entity Name
I CAN COMMUNITY EDUCATION COALITION, INC.



Principal Place of Business
**5118 N. 56TH ST., STE 130
TAMPA, FL 33610**

Mailing Address
**PO BOX 11484
TAMPA, FL 33680-1484**

40040611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006 Chg-NP CR2E037 (11/05)

4. FEI Number
30-0019284

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

**TATE-MARTIN, MICHELLE
7803 LEMONWOOD COURT
TEMPLE TERRACE, FL 33637**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **P** ☐ Delete
NAME **WALTON, KATHERINE**
STREET ADDRESS **211 W. FLORIBRASKA AVE.**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE ☐ Change ☒ Addition
NAME **Ervin Wiggins**
STREET ADDRESS **11728 W. 14th street, Apt. 14**
CITY-ST-ZIP **Tampa, FL 33612**

TITLE **V** ☐ Delete
NAME **HAYNES-BATCHWAY, PATRICIA**
STREET ADDRESS **11205 KILLEARN COURT**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

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

TITLE **S** ☐ Delete
NAME **LOPEZ, MONICA P.**
STREET ADDRESS **7304 WOODHALL COURT**
CITY-ST-ZIP **TAMPA, FL 33634**

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

TITLE **T** ☐ Delete
NAME **NORIEGA, MICHELE**
STREET ADDRESS **11017 SUMMER DRIVE**
CITY-ST-ZIP **TAMPA, FL 33624**

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

TITLE **D** ☒ Delete
NAME **BERGER, MICHAEL**
STREET ADDRESS **408 S. ARRAWAMUA**
CITY-ST-ZIP **TAMPA, FL 33609**

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

TITLE **D** ☒ Delete
NAME **KENNER, TOMMY**
STREET ADDRESS **8501 N. 50TH STREET # 811**
CITY-ST-ZIP **TAMPA, FL 33617**

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 exemptions contained 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 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:

Michelle Tate-Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06 (813) 849-5395

Date

Daytime Phone #