## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000922

FILED Apr 25, 2007 Secretary of State

Entity Name: I CAN COMMUNITY EDUCATION COALITION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5118 N. 56TH ST., STE 130 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** PO BOX 11484 TAMPA, FL 336801484 FEI Number: 30-0019284 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TATE-MARTIN, MICHELLE 7803 LEMONWOOD COURT TEMPLE TERRACE, FL 33637 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALTON, KATHERINE Name: Name: 211 W. FLORIBRASKA AVE. Address: Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HAYNES-BATCHWAY, PATRICIA Name: HAYNES-BOTCHWAY, PATRICIA Name: Address: 11205 KILLEARN COURT Address: 11205 KILLEARN COURT City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: (X) Change ( ) Addition LOPEZ, MONICA P. LOPEZ, MONICA P. Name: Name: 7304 WOODHALL COURT 4207 S. DALE MABRY HWY, #11209 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33611 Title: ( ) Delete Title: (X) Change ( ) Addition Name: NORIEGA, MICHELE Name: WIGGINS, ERVIN 11017 SUMMER DRIVE Address: Address: 11728 N 14TH ST APT 14 City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33612 Title: (X) Delete Title: () Change () Addition WIGGINS, ERVIN Name: Name: 11728 W 14TH ST APT 14 Address: Address: City-St-Zip: TAMPA, FL 33612 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: MONICA P LOPEZ S 04/25/2007