



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N03000000017</b><br>1. Entity Name<br><b>COMMUNITY &amp; FAMILIES COALITION, INC.</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>18050 HOMESTEAD AVE.<br/>MIAMI, FL 33157</b> | Mailing Address<br><b>17755 HOMESTEAD AVE<br/>107<br/>MIAMI, FL 33157</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 05032004 No Chg-NP   | CR2E037 (10/03)                       |
| 4. FEI Number<br><b>06-1695664</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>               | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**FRIERSON, WALTER  
11500 SW 139TH TERR.  
MIAMI, FL 33176**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>1100000157200</b><br><b>05/06/2004-00017-010 70.00</b> |
|---|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | C<br>FRIERSON, WALTER L<br>11500 SW 139 TERR<br>MIAMI, FL 33176   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | C<br>HINSON, YVONNE<br>18050 HOMESTEAD AVE<br>MIAMI, FL 33157     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>HALL, ROSEMARY<br>5801 RED ROAD<br>CORAL GABLES, FL 33124    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>HANNA, EDWARD H JR<br>17755 HOMESTEAD AVE<br>MIAMI, FL 33157 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>TOWNSEND, JEAN<br>10150 HIBISCUS ST<br>MIAMI, FL 33157       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HARREL, TEDDY<br>6304 NW 14TH AVE<br>MIAMI, FL 33142         |

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Walter L. Frierson **Walter L. Frierson** May 3, 2004 305 252-0129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #