

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0008382

DOCUMENT # N03000000017

1. Entity Name  
COMMUNITY & FAMILIES COALITION, INC.



FILED

03 OCT 27 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18050 HOMESTEAD AVE.  
MIAMI FL 33157

Mailing Address  
18050 HOMESTEAD AVE.  
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address  
17755 Homestead Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Room 107

City & State

City & State  
Miami, FL

Zip

Country

Zip  
33157

Country  
USA

4. FEI Number  
06-1695664

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

200023589742

City

10/27/03-01080-001 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 *Walter L. Frierson*  
Signature, typed or printed name of registered agent and title if applicable.

Walter L. Frierson-Chairman 200023589742

(NOTE: Registered Agent signature required when reappointing)

10/26/03 01072 015 \*\*70.00

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter L. Frierson
STREET ADDRESS	11500 SW 139 Terr
CITY-ST-ZIP	Miami, FL 33176
TITLE	Co-Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yvonne Hinson
STREET ADDRESS	18050 Homestead Ave
CITY-ST-ZIP	Miami, FL 33157
TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosemary Hall
STREET ADDRESS	5801 Red Road
CITY-ST-ZIP	Coral Gables, FL 33124
TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward H. Hanna, Jr.
STREET ADDRESS	17755 Homestead Avenue
CITY-ST-ZIP	Miami, FL 33157
TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Townsend
STREET ADDRESS	10150 Hibiscus Street
CITY-ST-ZIP	Miami, FL 33157
TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teddy Harrel
STREET ADDRESS	6304 N.W. 14th Avenue
CITY-ST-ZIP	Miami, FL 33142

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, Chairman September 11, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)