

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001133

1. Entity Name
**COALITION FOR PROVIDING OTHERS WITH ECONOMIC
RESOURCES, INC.**



Principal Place of Business
**129 W. HIBISCUS BLVD., #A
MELBOURNE, FL 32901**

Mailing Address
**P. O. BOX 1508
MELBOURNE, FL 32902**



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0809831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALDONADO, ANSELMO
500 PALM SPRINGS BLVD., #608
INDIAN HARBOUR BCH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BALDONADO, ANSELMO
STREET ADDRESS 500 PALM SPRINGS BLVD., #608
CITY-ST-ZIP INDIAN HARBOUR BCH, FL 32937

TITLE D
NAME LEWIS, CAMILLE
STREET ADDRESS 500 PALM SPRINGS BLVD., #608
CITY-ST-ZIP INDIAN HARBOUR BCH, FL 32937

TITLE D
NAME MEDINA, WUANDA
STREET ADDRESS 1930 ACADEMY ST. NE
CITY-ST-ZIP PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000735058
05/10/07-80018-017 61.25

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IN THIS SPACE**

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: Anselmo Baldonado
ANSELMO BALDONADO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.07 (321) 777-9225
Date Daytime Phone #