

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001133

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

129 W. HIBISCUS BLVD., #T  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1508  
MELBOURNE, FL 32902

**New Mailing Address:**

**FEI Number:** 01-0809831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

**Title:** D  
**Name:** BALDONADO, ANSELMO  
**Address:** 500 PALM SPRINGS BLVD., #608  
**City-St-Zip:** INDIAN HARBOUR BCH, FL 32937

**Title:** D  
**Name:** LEWIS, CAMILLE  
**Address:** 500 PALM SPRINGS BLVD., #608  
**City-St-Zip:** INDIAN HARBOUR BCH, FL 32937

**Title:** D  
**Name:** MEDINA, WUANDA  
**Address:** 1930 ACADEMY ST. NE  
**City-St-Zip:** PALM BAY, FL 32905

I hereby 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 all other like empowered.

**SIGNATURE:** ANSELMO BALDONADO

DIR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date