

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

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001360**

1. Entity Name  
NORTH MIAMI BEACH CITIZENS' COALITION, INC.



Principal Place of Business  
3142 NE 166TH ST.  
N MIAMI BEACH, FL 33160

Mailing Address  
3142 NE 166TH ST.  
N MIAMI BEACH, FL 33160



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1979372

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GIBBS, W. TUCKER  
215 GRAND AVE.  
COCONUT GROVE, FL 33133

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-stating)

DATE \_\_\_\_\_

**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 BORKAM, BILL  
STREET ADDRESS 3142 NE 166TH ST.  
CITY-STATE-ZIP N MIAMI BEACH, FL 33160

TITLE D  
NAME JACK, WILLIAM  
STREET ADDRESS 12000 BISCAYNE BLVD. #502  
CITY-STATE-ZIP MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1100000588580  
01/17/07-80079-012 61.25

**DO NOT WRITE  
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 empowerers.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Jack*  
William Jack  
Director

Date

Daytime Phone #

1-11-07 305 893 1900