2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007093

City-St-Zip:

FILED Sep 06, 2005 Secretary of State

| Entity Name: COMMUNITY AWARENESS COALITION, INC. | | | |
|--|--|--|---|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| | 153 STREET KA, FL 33054 | | |
| Current Mailing Address: | | New Mailing Address: | |
| | 153 STREET KA, FL 33054 | | |
| In accordan | 20-1357014 FEI Number Applied For () FEI N ce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent: | • | |
| WELLS, N | ICOLE 207 STREET | | , ruan ooo oo noon togaaa oo rugaaa |
| | named entity submits this statement for the purpose of Florida. | of changing i | its registered office or registered agent, or both, |
| SIGNATUR | RE: | | |
| Electronic Signature of Registered Agent | | | Date |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete JOHNSON, DOROTHY 2047 N.W. 153 STREET OPA-LOCKA, FL 33054 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () Delete WELLS, NICOLE 120 N.W. STREET MIAMI, FL 33169 | Title: Name: Address: City-St-Zip: | D (X) Change () Addition MALLORY, DUANE 8661 S.W. 16 CT PEMBROKE PINES, FL |
| Title: Name: Address: City-St-Zip: | D () Delete JOHNSON, JENNIFER 2047 N.W. 153 STREET OPA-LOCKA, FL 33054 | Title: Name: Address: City-St-Zip: | D (X) Change () Addition MCLEOD, VAL 6725 BROOKLINE DRIVE MIAMI LAKES, FL |
| Title: Name: Address: | () Delete | Title: Name: Address: | D () Change (X) Addition DANZY, HENRY 2047 N.W. 153 ST |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DOROTHY JOHNSON 09/06/2005 D

MIAMI GARDENS, FL 33054