

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90054 050 \*\*\*\*66.25

**DOCUMENT # N04526**

1. Entity Name

COCONUT GROVE CRISIS FOOD PANTRY, INC.



Principal Place of Business

3481 HIBISCUS STREET  
P.O. BOX 33006  
MIAMI FL 33133

Mailing Address

3481 HIBISCUS STREET  
P.O. BOX 33006  
MIAMI FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2507157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, DAVID DR  
3523 MARLER AVE.  
MIAMI FL 33133

Name

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

City

**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

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

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

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWNS, JUANITA D	
STREET ADDRESS	445 NW 24 AVE	
CITY ST ZIP	MIAMI FL 33125	
TITLE	V	<input type="checkbox"/> Delete
NAME	DICKASON, JOHN H	
STREET ADDRESS	751 SOLDANO AVE	
CITY ST ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMS, ANDREW	
STREET ADDRESS	800 NW 45 STREET	
CITY ST ZIP	MIAMI FL 33127	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, DAVID DR	
STREET ADDRESS	3523 MARLER AVE.	
CITY ST ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WENDELL	
STREET ADDRESS	230 FLORIDA AVE	
CITY ST ZIP	CORAL GABLES FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIELS, WILLIE G	
STREET ADDRESS	14820 HARRISON CT	
CITY ST ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 2, 2007 (305) 443-6528