

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008109

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: MIAMI DADE ELECTION REFORM COALITION, INC.

**Current Principal Place of Business:**

3301 NE 5TH AVE.,  
#1103  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

3301 NE 5TH AVE., #1103  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 72-1606856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GILLETTE, MARTA  
6147 SW 152ND ST.  
MIAMI, FL 33157      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: PD      ( ) Delete  
Name: WAYLAND, ALEXANDRA  
Address: 3301 NE 5TH AVE., #1103  
City-St-Zip: MIAMI, FL 33137

Title: VD      ( ) Delete  
Name: GILLETTE, EDWARD C III  
Address: 6147 SW 152ND ST.  
City-St-Zip: MIAMI, FL 33157

Title: TD      ( ) Delete  
Name: CAMPBELL, EDMUND  
Address: 112031 SW 192ND TERR.  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ALEXANDRA WAYLAND

PD

07/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date