

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90015 011 \*\*\*\*61.25

<b>DOCUMENT # N06000002855</b> 1. Entity Name <b>COALITION TO PREVENT ABUSE OF VULNERABLE ADULTS, INC.</b>			
Principal Place of Business <b>9500 DADELAND BOULEVARD SUITE 400 MIAMI, FL 33156</b>		Mailing Address <b>9500 DADELAND BOULEVARD SUITE 400 MIAMI, FL 33156</b>	
2. Principal Place of Business - No P.O. Box # <b>8300 N.W 53 Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Miami, Florida</b> Zip <b>33166</b>		3. Mailing Address <b>8300 N.W 53 Street</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Miami, Florida</b> Zip <b>33166</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ABRAMS-BERGER, TERRY C/O TERRY ABRAMS-BERGER 1550 NORTH MIAMI BOULEVARD, SUITE 507 NORTH MIAMI BEACH, FL 33179</b>		7. Name and Address of New Registered Agent Name <b>Terry Abrams-Berger</b> Street Address (P.O. Box Number is Not Acceptable) <b>2679 Stirling Road</b> Suite <b>Suite A301</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33312</b>	
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
<b>Filing Fee is \$81.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALONI, MARJORIE</b> <b>20301 NE 30 AVE., #202</b> <b>AVENTURA, FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jean Sherman</b> <b>1695 N.W. 9 Av. #3208, Miami, FL 33136</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ABRAMS-BERGER, TERRY</b> <b>1550 NE MIAMI GARDENS, STE 507</b> <b>NORTH MIAMI BEACH, FL 33136</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Allen Fuller, Esq.</b> <b>12000 Bisc. Blvd., #609 Miami, FL 33121</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LADER-BARNHARDT, MELISSA</b> <b>SUNTRUST BANK, 2001 HOLLYWOOD BLVD 2ND FL</b> <b>HOLLYWOOD, FL 33020</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Yinka Adeshina</b> <b>401 N.W. 2 Av. #10521 Miami, FL 33128</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LAMONT, MARY JO</b> <b>MIAMI-DADE POLICE DEPT. 7875 NW 12ST, 200</b> <b>MIAMI, FL 33316</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHR <input type="checkbox"/> Delete <b>HUNT, PAUL C</b> <b>6621 SW 64 STREET</b> <b>MIAMI, FL 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete <b>SANTEIRO, JERRY</b> <b>8300 NW 53 STREET, SUITE 402</b> <b>MIAMI, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lilly Morales</b> <b>8300 N.W. 53 St. #402, Miami, FL 33166</b>
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 life empowered.			
<b>SIGNATURE:</b>		<b>LILIAN I. MORALES</b> 7/18/08 (305) 592-7642	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	