

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006858

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: MONROE COUNTY COALITION, INC.

## Current Principal Place of Business:

404 VIRGINIA ST.  
KEY WEST, FL 33040

## New Principal Place of Business:

301 WHITE ST.  
#5D  
KEY WEST, FL 33040

## Current Mailing Address:

301 WHITE ST. #5D  
KEY WEST, FL 33040

## New Mailing Address:

301 WHITE ST.  
#5D  
KEY WEST, FL 33040

FEI Number: 26-3021098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, SUSAN  
301 WHITE ST. #5D  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

MOORE, SUSAN  
301 WHITE ST.  
#5D  
KEY WEST, FL 33040 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MOORE, SUSAN  
Address: 301 WHITE ST. #5D  
City-St-Zip: KEY WEST, FL 33040

Title: VPS ( ) Delete  
Name: HEALY, TED  
Address: 613 EATON ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: GRIMM, JACKIE  
Address: 1028 FLAGLER AVE.  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: AVAEL, RAIETTE D  
Address: 5503 COLLEGE ROAD SUITE 209  
City-St-Zip: KEY WEST, FL 33040

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: SUSAN MOORE

PT

04/21/2009

Electronic Signature of Signing Officer or Director

Date