

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N20419

(0)

1. Corporation Name

NORTHEAST DADE COALITION INC.

Principal Place of Business

21155 HELMSMAN DR #M14  
AVENTURA FL 33180

Mailing Address

PO BOX 800417  
AVENTURA FL 33280-0417



3. Date Incorporated or Qualified  
04/29/1987

3a. Date of Last Report  
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

ROGERS-LIBERT, PATRICIA  
21155 HELMSMAN DR #M14  
AVENTURA FL 33180

81 Name

PAUL LIBERT

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

21155 HELMSMAN DR M14

83

84

City AVENTURA

FL

85 Zip Code  
33180

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ROGERS-LIBERT, PATRICIA  
STREET ADDRESS 21155 HELMSAND DR M14  
CITY-ST-ZIP AVENTURA FL

☒ DELETE

1.1 TITLE PAUL LIBERT, PD  
1.2 NAME  
1.3 STREET ADDRESS 21155 HELMSMAN DR M14  
1.4 CITY-ST-ZIP AVENTURA FL 33180

☒ Change ☐ Addition

TITLE EVP  
NAME WOLF, ROBERT  
STREET ADDRESS 740 NE 199 STREET #G204  
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~ATD~~ TD  
NAME BENSON, NAOMI  
STREET ADDRESS 1200 NE MIAMI GARDENS #408W  
CITY-ST-ZIP MIAMI FL 33179

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD  
NAME COHEN, PHILIP  
STREET ADDRESS 2801 NE 183RD ST.  
CITY-ST-ZIP MIAMI FL

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE SD  
NAME OSTROWIAK, ANNA  
STREET ADDRESS 2780 NE 183 STREET C150B  
CITY-ST-ZIP MIAMI FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VPD  
NAME CURTIS, JOSEPH  
STREET ADDRESS 1601 NE 191 #219  
CITY-ST-ZIP MIAMI FL

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul Libert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (305) 933-9775

CR2E037 (12/95)