



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90190 029 \*\*\*\*61.25

<b>DOCUMENT # N27210</b> 1. Entity Name <b>THE MIAMI COALITION FOR A SAFE AND DRUG-FREE COMMUNITY, INC.</b>					
Principal Place of Business <del>UM NORTH SOUTH CENTER</del> <del>1500 MONZA AVENUE</del> <del>CORAL GABLES, FL 33146</del>				Mailing Address <del>UM NORTH SOUTH CENTER</del> <del>1500 MONZA AVENUE</del> <del>CORAL GABLES, FL 33146</del>	
2. Principal Place of Business <i>The Miami Coalition</i> Suite, Apt. #, etc. <i>2140 South Dixie Hwy</i> City & State <i>Miami, FL</i> Zip <i>33133</i> Country <i>USA</i>		3. Mailing Address <i>The Miami Coalition</i> Suite, Apt. #, etc. <i>2140 South Dixie Hwy</i> City & State <i>Miami, FL</i> Zip <i>33133</i> Country <i>USA</i>		 07062004 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>65-0078686</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>RAATTAMA, HENRY H., JR.</b> <b>% AKERMAN, SENTERFITT &amp; EIDSON, P.A.</b> <b>ONE S.E. 3RD AVE., 28TH FLOOR</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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	CD MCCABE, ROBERT H 1601 S.MIAMI AVENUE MIAMI, FL 33129	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, DIANE UM/TREASURER'S OFFICE-250 ASH BUILDING CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PODHURST, AARON 25 W.FLAGLER STREET MIAMI, FL 33130	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULP, MARILYN W <del>UM NORTH SOUTH CENTER, 1500 MONZA AVE.</del> <del>CORAL GABLES, FL 33146</del>	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Marilyn Wagner Culp 2140 South Dixie Hwy Suite 205 Miami, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Marilyn Wagner Culp</i>				Date <i>7-6-04</i> Daytime Phone # <i>(305) 860-0327</i>	