

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27210

FILED  
Aug 19, 2008  
Secretary of State

**Entity Name:** THE MIAMI COALITION FOR A SAFE AND DRUG-FREE COMMUNITY, INC.

**Current Principal Place of Business:**

THE MIAMI COALITION  
2490 CORAL WAY 4 TH FLOOR  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE MIAMI COALITION  
2490 CORAL WAY  
MIAMI, FL 33145 US

**New Mailing Address:**

**FEI Number:** 65-0078686 **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:**

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

THOMAS & COMPANY C.P.A., P.A.  
9710 STIRLING RD # 101  
COOPER CITY  
FLORIDA, FL 33024 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: MCCABE, ROBERT H  
Address: 1601 S.MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: TD ( ) Delete  
Name: COOK, DIANE  
Address: UM/TREASURER'S OFFICE-250 ASH BULDING  
City-St-Zip: CORAL GABLES, FL 33146

Title: VCD ( ) Delete  
Name: PODHURST, AARON  
Address: 25 W.FLAGER STREET  
City-St-Zip: MIAMI, FL 33130

Title: P ( ) Delete  
Name: BRACKIN, WAYNE  
Address: SOUTH MIAMI HOSPITAL, 6200 SW 73 ST  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: HUGHES, DOUGLAS  
Address: 2490 CORAL WAY 4 TH FLOOR  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: SWOPE, PAULA  
Address: 1500 BISCAYNE BLVD # 341  
City-St-Zip: MIAMI, FL 33132

**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:

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: DOUGLAS HUGHES

D

08/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date