

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27210

FILED
Aug 28, 2009
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
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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

08/28/2009

Electronic Signature of Signing Officer or Director

Date