

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 # **N38462** (0)
1. Corporation Name
THE DADE COALITION FOR COMMUNITY EDUCATION, INC.



Principal Place of Business Mailing Address
C/O MARVIN MANNING 1450 NE 2ND AVE. RM 821 MIAMI FL 33132
C/O MARVIN MANNING 1450 NE 2ND AVE. RM 821 MIAMI FL 33132

3. Date Incorporated or Qualified **06/04/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0197821** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MANNING, MARVIN
17560 ATLANTIC BLVD
1450 NE 2ND AVE, RM 821
MIAMI FL 33132**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **D PEARLSON, MARJORIE G.**
STREET ADDRESS **6400 S.S. 129TH TERR**
CITY - ST - ZIP **MIAMI FL**
TITLE DELETE
NAME **SD COHN, MILDRED AUGENSTEIN**
STREET ADDRESS **2824 CLEVELAND ST.**
CITY - ST - ZIP **HOLLYWOOD FL**
TITLE DELETE
NAME **D BAVLY, HARRY**
STREET ADDRESS **18011 BISCAYNE BLVD**
CITY - ST - ZIP **MIAMI FL**
TITLE DELETE
NAME **D MANNING, MARVIN**
STREET ADDRESS **17560 ATLANTIC BLVD**
CITY - ST - ZIP **MIAMI FL**
TITLE DELETE
NAME **P MILLER, PHYLLIS**
STREET ADDRESS **5660 COLLINS AVE, APT 18C**
CITY - ST - ZIP **MIAMI BEACH FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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: *[Signature]* - **TREASURER** **JAN. 17, 1996** (305) 995-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)