## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 11 1998 8:00am Secretary of State

POCUI - Corporation	MENI# N95000	1003306 (6)			
•	NS' COALITION FOR THE DI	SADVANTAGED, INC.			
					<b>CELET YATE YOU DEMONITY HELD</b>
Principal Place	e of Business	Mailing Address	<del> </del>	{	garad ikiba kirik odika diki 100!
103-N.W407H	±√5	133 N.W. 40TH AVE.		3. Date Incorporated or Qualified	
A/K/A/ 133 NORTH STATE 7 A/K/A/ 133 NORTH		A/K/A/ 139 NORTH STATE 7		07/07/1995	
PLANTATION_FL_33317		PLANTATION FL 33317		4. FEI Number	Applied For
2 Detection D	Land Division	Ton Market		65-0595710	Not Applicable
21 311C	lace of Business 5 5 W 40 Aue.	28. Mailing Address	to see	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.		Suite, Apt. #, etc.	10 11 0	6. Election Campaign Financing	\$5.00 May Be
22		27	<del></del>	Trust Fund Contribution	Added to Fees
City & State	11 1 1-1-	City & State	od Fl	7. Is this nonprofit corporation a homeown Yes	ners association?
Zip	Country	Zip	Country 4	8. This corporation owes or has paid the o	
M 330			o Broward	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
			enise Baxley	<del></del>	
189 NORTH STATE ROAD 7			<u> </u>	ress (P.O. Box Number is Not Abceptable)	
PLANTA	R <del>on Fl-9</del> 3317		83		
			84 City	olly wood F	L 85 Zip Code 3302-3
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose	of changing its registered
office or r agent. 1 a	egistered agent, or both, in the State of prifamiliar with, and accept the obliga	of Florida. Such change was au John of, Section 617.0503, Flori	thorized by the corporat da Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE .	Newse 4.	Jayley		5/4/	98
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	BOND, HARRIET G		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	7308 N.W. 61 STREET TAMARAC FL 33068		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	BAXLEY, DENISE		2.2 NAME		
STREET ADDRESS	4430 S.W. 23 STREET		2.3 STREET ADDRESS	in ja	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317 VPD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	RILEY, SHARON	<del>_</del>	3.2 NAME		-
STREET ADDRESS	9937 N.W. 47 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351 SD	DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME	GONZALEZ, TERESA		4. 2 NAME		C Ordings C Production
STREET ADDRESS	8835 W. SUNRISE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	PAT ADVICES	4.4 CITY-ST-ZIP		
TITLE NAME	i TD Green, Maxine	DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS	6153 S.W. 5 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME CYDOCT ADORESC			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further tre shall have the same legal effect as if made	certify that the information
officer or	director of the corporation or the recei or Block 13 if changed or on an attact	ver or trustee empowered to ex	ecute this report as req	uired by Chapter 617, Florida Statutes; and the	it my name appears in