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FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004832 (0)

1. Corporation Name

COALITION TO IMPROVE NORTHWEST DADE, INC.



Principal Place of Business

Mailing Address

21400 NORTH WEST 2ND AVENUE
MIAMI FL 331692396 NE 172ND ST.
N. MIAMI BCH. FL 33160-29233. Date Incorporated or Qualified
10/12/19953a. Date of Last Report
07/18/19964. FEI Number
65-0625248Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOK, RONALD L P.A.
2999 NORTH EAST 191ST STREET, PH6
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETEPD
NAME LEHMAN, WILLIAM JR.
STREET ADDRESS 2396 NE 172ND ST.
CITY-ST-ZIP N. MIAMI BCH. FL 331601.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETEVD
NAME LOBLOCK, PETER
STREET ADDRESS 2396 NE 172ND ST.
CITY-ST-ZIP N. MIAMI BCH. FL 331602.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETESD
NAME MORRIS, LAUREN
STREET ADDRESS 2396 NE 172ND ST.
CITY-ST-ZIP N. MIAMI BCH. FL 331603.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETETD
NAME BROWN, JAMES
STREET ADDRESS 2396 NE 172ND ST.
CITY-ST-ZIP N. MIAMI BCH. FL 331604.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETETD
NAME FISHEL, PETER L
STREET ADDRESS 2396 NE 172ND ST.
CITY-ST-ZIP N. MIAMI BCH. FL 331605.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

William Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031602

CR2E037 (9/96)