2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N95000004832

Entity Name: COALITION TO IMPROVE NORTHWEST DADE, INC.

Current Principal Place of Business:

21400 NORTH WEST 2ND AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

2396 NE 172ND ST.
N. MIAMI BCH., FL 33160

New Mailing Address:

FEI Number: 65-0625248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHEL, PETER L
2396 NE 172ND STREET
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	LEHMAN, WILLIAM JR.	
Address:	2396 NE 172ND ST.	
City-St-Zip:	N. MIAMI BCH., FL 33160	
Title:	VP	( ) Delete
Name:	NAPOLITANO, MARC	
Address:	2396 NE 172ND ST.	
City-St-Zip:	N. MIAMI BCH., FL 33160	
Title:	SD	( ) Delete
Name:	MORRIS, LAUREN	
Address:	2396 NE 172ND ST.	
City-St-Zip:	N. MIAMI BCH., FL 33160	
Title:	VP	( ) Delete
Name:	YOUNG, CHARLES	
Address:	2396 NE 172ND ST.	
City-St-Zip:	N. MIAMI BCH., FL 33160	
Title:	TD	( ) Delete
Name:	FISHEL, PETER L	
Address:	2396 NE 172ND ST.	
City-St-Zip:	N. MIAMI BCH., FL 33160	
Title:	VP	( ) Delete
Name:	JORDAN, RALPH	
Address:	2396 NE 172ND STREET	
City-St-Zip:	N MIAMI BEACH, FL 33160	

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: PETER L FISHEL TRES 03/01/2009

Electronic Signature of Signing Officer or Director — Date