## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002693

FILED Mar 17, 2009 Secretary of State

Entity Name: HUMAN SERVICES COALITION OF DADE COUNTY, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	TERRACE					
200 MIAMI, FL	33132					
Current Mailing Address:			New Mailir	New Mailing Address:		
260 NE 17	TERRACE					
200 MIAMI, FL	MI, FL 33132					
El Number:	65-0690368	FEI Number Applied For ( )	El Number Not Appli	icable ( ) Certificate of Status	s Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
	ANIELLA NIMO DRIVE NBLES, FL 331	46 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.						
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	JAY, SUSAN R P 8901 SW 105 ST MIAMI, FL 3317  VC ()I BEAULAUREIR, 11200 SW 8TH S MIAMI, FL 3319  S ()I GREENFIELD, V 3000 BISCAYNE MIAMI, FL 3313  T ()I CAMEAU, RASH 260 NW 92 STRI MIAMI, FL 3315	CREET 6 Delete RICHARD PROFESS ST ECS458 9 Delete ALORY LAWYER BLVD., #450 7 Delete A EET 0 Delete KINE REET #614	Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	C (X) Change () Addition RALEY, CLAIRE PRES 1001 BRICKELL BAY DRIVE, SUITE MIAMI, FL 33131  PC (X) Change () Addition JAY, SUSAN R DIRECTO 8901 SW 105 STREET MIAMI, FL 33176  S (X) Change () Addition BRASWELL, JR, MARCUS D LAWYE 3919 SW 58 CT MIAMI, FL 33155  T (X) Change () Addition GANCEDO, JOSE 2883 WEST 2ND AVE HIALEAH, FL 33010  VP (X) Change () Addition THURSTON, MAXINE PRES 1175 NE 125 STREET #614 MIAMI, FL 33139		
Fitle: Name: Address: Dity-St-Zip:		Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition BEAULAURIER, RICHARD L 11200 SW 8 ST, ECS 458 MIAMI, FL 33199		

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: PAOLA PIERRE VP 03/17/2009