

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002693

FILED  
Jan 31, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1900 BISCAYNE BLVD  
200  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1900 BISCAYNE BLVD  
200  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 65-0690368      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, DANIELLA  
860 JERONIMO DRIVE  
CORAL GABLES, FL 33146      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: C  
Name: RALEY, CLAIRE CHAIR  
Address: 1032 CATALOUNIA AVE  
City-St-Zip: MIAMI, FL 33134

Title: P  
Name: LEVINE, DANIELLA S PRES  
Address: 860 JERONIMO DRIVE  
City-St-Zip: MIAMI, FL 33133

Title: S  
Name: BRASWELL, JR, MARCUS D LAWYER  
Address: 3919 SW 58 CT  
City-St-Zip: MIAMI, FL 33155

Title: T  
Name: GANCEDO, JOSE TREAS  
Address: 2883 WEST 2ND AVE  
City-St-Zip: HIALEAH, FL 33010

Title: VP  
Name: THURSTON, MAXINE VP  
Address: 1175 NE 125 STREET #614  
City-St-Zip: MIAMI, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: DANIELLA LEVINE

PRES

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date