

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002693

FILED
Apr 27, 2012
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: BRASWELL, MARCUS CHAIR
Address: 3919 SW 58TH CT.
City-St-Zip: MIAMI, FL 33155

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

Title: VC
Name: CREWS, CORNELL
Address: 3000 BISCAYNE BLVD., SUITE 215
City-St-Zip: MIAMI, FL 33137

Title: VC
Name: MELBY, RANDY
Address: 7815 NW 148TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

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

Title: S
Name: GOMEZ, JUAN
Address: 2121 SW 3RD AVENUE, SUITE 501
City-St-Zip: MIAMI, FL 33129

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

P

04/27/2012

Electronic Signature of Signing Officer or Director

Date