

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90022 039 ****61.25

DOCUMENT # N97000004839

1. Entity Name

THE COLEMAN FOUNDATION OF WEST PERRINE, INC.



Principal Place of Business

18200 SW HOMESTEAD AVE
MIAMI FL 33157

Mailing Address

13731 VAN BUREN ST
MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0777760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

BAKER, LOUISE C
18200 SW HOMESTEAD AVE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME BAKER, LOUISE C
STREET ADDRESS 13731 VAN BUREN ST
CITY-ST-ZIP MIAMI FL 33176

TITLE **D** ☐ Delete
NAME COLEMAN, RUBIN
STREET ADDRESS 4401 SW 20TH ST APT 1
CITY-ST-ZIP MIAMI FL 33033

TITLE **D** ☒ Delete
NAME CHISM, ERNESTINE
STREET ADDRESS 15000 MONROE ST
CITY-ST-ZIP MIAMI FL 33176

TITLE **D** ☐ Delete
NAME BOYD, ELIZABETH C
STREET ADDRESS 16525 SW 107 CT
CITY-ST-ZIP MIAMI FL 33152

TITLE **D** ☒ Delete
NAME COLEMAN, PAUL SR
STREET ADDRESS 328 PROSPECT DR
CITY-ST-ZIP ROCHESTER MI 48307

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CEO/PRESIDENT** ☐ Change ☒ Addition
NAME Walter Hall
STREET ADDRESS 12085 S.W. 249 Terr., Miami, Fl.
CITY-ST-ZIP 33132

TITLE **Vice President** ☐ Change ☒ Addition
NAME Gary Coleman
STREET ADDRESS 12223 S.W. 203 Terr.
CITY-ST-ZIP Miami, Fl. 33177

TITLE **Secretary** ☐ Change ☒ Addition
NAME Tammy Boyd
STREET ADDRESS 16525 S.W. 107 Ct.
CITY-ST-ZIP Miami, Fl. 33152

TITLE **Treasurer** ☐ Change ☒ Addition
NAME Carlos Coleman
STREET ADDRESS 13615 Jefferson Street
CITY-ST-ZIP Miami, Fl. 33176

TITLE **Director Hall** ☐ Change ☒ Addition
NAME Mandy C. Hall
STREET ADDRESS 12085 S.W. 249 Terr.
CITY-ST-ZIP Miami, Fl. 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louise C. Baker* *Louise C. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 305 232-0340

Date

Daytime Phone #