


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90023 033 ****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
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50015518



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 18204 Homestead Ave.	3. Mailing Address same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33157	Country Dade

4. FEI Number 65-0777760	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Walter Hall Street Address (P.O. Box Number is Not Acceptable) 18204 Homestead Ave. City Miami, FL Zip Code 33157
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, LOUISE C 13731 VAN BUREN ST MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, RUBIN 4401 SW 20TH ST APT 1 MIAMI FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HALL, WALTER 12085 S.W. 249 TERR. MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ELIZABETH C 16525 SW 107 CT MIAMI FL 33152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MANDY C 12085 S.W. 249 TERR. MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 2/17/05 305 232-0390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #