## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005657

FILED Jan 07, 2008 Secretary of State

Entity Name: EMPLOYMENT COALITION OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1007 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** P.O. BOX 100043 FORT LAUDERDALE, FL 33310 FEI Number: 65-0866330 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLVIN, KATHERINE A VP 1007 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BILLIE MORGAN. Name: Name: 3217 NW 10 TERRACE #308 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: Title: ( ) Delete () Change () Addition KATHERINE A. COLVIN, Name: Name: Address: 4300 NW 47 STREET Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition KATHLEEN A. SELLS, Name: Name: Address: 1007 WEST COMMERCIAL BLVD Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WENDY WALDMAN, Name: 1007 W. COMMERCIAL BLVD. Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition MERRILL, LINDA Name: Name: P.O. BOX 100043 Address: Address: FORT LAUDERDALE, FL 33310 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition JOSEPH BELARDINELLI. Name: Name: Address: 3800 INVERRAY BLVD #400 Address: LAUDERHILL, FL 33319 City-St-Zip: City-St-Zip:

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: KATHERINE A. COLVIN VP 01/07/2008