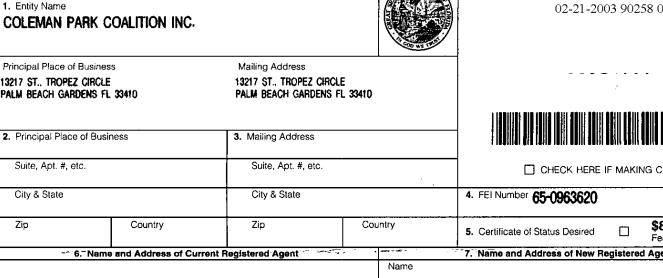
## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9900006183

1. Entity Name

COLEMAN PARK COALITION INC.



**FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90258 043 \*\*\*\*61.25

			l									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State Cit			City & State	ity & State			4. FEI Number 65-0963620				pplied For	]
											lot Applicable	
Zip Country Zip			Zip	Cou						<b>8.75</b> Acee Requir	75 Additional Required	
	-^ 6. Name	and Address of Current I	Registered Agent				7. Name and Addr	ess of New Re	gistered Aç	ent		]
BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 33139-0000					Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Coc						de	
the obligati	ions of registr		the purpose of changing its  nd title if applicable. (NOT  9. Election Cat  Trust Fund (	E: Registere	d Agent signatu		when reinstating)  \$5.00 May Be Added to Fees	Mak	DATE  Check a Departm	Payable	e to	
10.		OFFICERS AND DIR	ECTORS	11.			ADDITIONS/CHANGE	8 TO OFFICER	C AND DID	CTORE	N 10	-
TITLE	OFFICERS AND DIRECTORS		Delete		TITLE		ADDITIONS/CHANGE	.S TO OFFICER		Change	☐ Addition	ন
NAME STREET ADDRESS CITY-ST-ZIP	SPENCE, 13217 ST	NELCOME TROPEZ CIR M BEACH FL 33410	LJ Delete	NAM STRE CITY						Change	AUGILIOII	CR2E037 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPENCE, SARAH 13217 ST TROPEZ CIR WEST PALM BEACH FL 33410		☐ Delete		1					Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13217 ST	TD Delete SMITH, RALPH C 13217 ST TROPEZ CIR NEST PALM BEACH FL 33410		TITL NAM STRI	E				İ	Change	☐ Addition	
TITLE NAME Street address City-St-Zip			☐ Delete	1					1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						ļ	Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						[	Change	☐ Addition	
												1

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 empowers

SIGNATURE:

FEB192003