

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762509

FILED
Jun 13, 2011
Secretary of State

Entity Name: THE MIAMI SHORES MAYOR'S COMMUNITY TASK FORCE, INC.

Current Principal Place of Business:

9617 PARK DR
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531512
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 59-2210193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DORN, MICHAEL C
502 NE 106 ST
MIAMI SHORES, FL 33138 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: DC
Name: LANCE, HARKE A
Address: 9699 NE 2 AVE
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: DVT
Name: DORN, MICHAEL C
Address: 502 NE 106 ST
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: DVS
Name: ACKLEY, SUSAN
Address: 1119 NE 99 ST
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: DV
Name: TRICIA, FERNANDEZ M
Address: 10531 NE 5 AVE
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: DV
Name: GRIFFIN, MICHAEL J
Address: 11300 NE 2 AVE
City-St-Zip: MIAMI SHORES, FL 33138

Title: DV
Name: PALMER, SAMMIE
Address: 17058 SW 52 CT
City-St-Zip: MIRAMAR, FL 33027

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: MICHAEL C. DORN

DVT

06/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date