

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713210

Entity Name: MIAMI PIONEERS/NATIVES OF DADE, INC.**Current Principal Place of Business:**822 MARIANA AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**14900 S.W. 71 AVENUE
MIAMI, FL 33158 US**FEI Number:** 59-0746816**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARLIN, MARLENE B
14900 SW 71 AVE
MIAMI, FL 33158 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**Officer/Director Detail :**

Title	P
Name	CLANCEY, JOAN F
Address	4726 S.W.67 AVENUE, APT.F-17
City-State-Zip:	MIAMI FL 33155

Title	VP
Name	ENGLISH, EDWARD WSR.
Address	822 MARIANA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	RS
Name	WARE, PATRICIA
Address	3385 S.W. 72 COURT
City-State-Zip:	MIAMI FL 33155

Title	CS
Name	BALBI, PHILIP F
Address	2841 N.E. 163 STREET, #807
City-State-Zip:	SUNNY ISLES, FL 33160

Title	T
Name	CARLIN, MARLENE B
Address	14900 S. W. 71 AVENUE
City-State-Zip:	MIAMI FL 33158

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: MARLENE B. CARLIN**TREASURER****02/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date