

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713210

Entity Name: MIAMI PIONEERS/NATIVES OF DADE, INC.**Current Principal Place of Business:**18500 SW 244 ST
HOMESTEAD, FL 33031**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	PRESIDENT
Name	BURR, ROBERT
Address	18500 SW 244 ST
City-State-Zip:	HOMESTEAD FL 33031

Title	CS
Name	PYLE, MARY
Address	1502 MILAN AVE.
City-State-Zip:	CORAL GABLES FL 33134

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

Title	NEWSLETTER EDITOR
Name	BURR, ROBERT
Address	18500 SW 244 ST
City-State-Zip:	HOMESTEAD FL 33031

Title	SERGEANT AT ARMS
Name	ENGLISH, JANET
Address	822 MARIANA AVE.
City-State-Zip:	CORAL GABLES FL 33134

Title	PARLIAMENTARIAN
Name	HERTZ, LINDA
Address	1257 ORTEGA AVE.
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	CLANCEY, JOAN
Address	4726 SW 67 AVE. #F-17
City-State-Zip:	MIAMI FL 33155

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****04/08/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date