

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717001

Entity Name: SOUTH FLORIDA PBS, INC.**Current Principal Place of Business:**14901 NE 20TH AVENUE
MIAMI, FL 33181-1121**Current Mailing Address:**P.O. BOX 610002
MIAMI, FL 33261-0002 US**FEI Number:** 59-0737868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUKHDEO, DOLORES
14901 NE 20TH AVENUE
MIAMI, FL 33181 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:** DOLORES SUKHDEO

02/01/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name SUKHDEO, DOLORES
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

Title CO-CHAIR
Name SILVERS, LAURIE
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181

Title CO-CHAIR
Name KESSLER, MICHELE
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

Title VICE CHAIR
Name BATMASIAN, MARTA T
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

Title VICE CHAIR
Name BERENS, FRED
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

Title VICE CHAIR
Name ELMORE, GEORGE T
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

Title VICE CHAIR
Name KAHLE, DALE
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

Title SECRETARY
Name JAFFE, DAVID L
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

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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: PAMELA OLMO

CAO

02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name LEIGHTON, ARMANDO JR.
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121

Title CAO
Name OLMO, PAMELA
Address 14901 NE 20TH AVENUE
City-State-Zip: MIAMI FL 33181-1121