

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728832

**Entity Name:** FRIENDS OF WLRN, INC.

**Current Principal Place of Business:**

172 NE 15TH STREET  
ATTN: EXECUTIVE DIRECTOR  
MIAMI, FL 33132

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**3647231792CC**

**Current Mailing Address:**

172 NE 15TH STREET  
ATTN: EXECUTIVE DIRECTOR  
MIAMI, FL 33132 US

**FEI Number:** 23-7365001

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FRIENDS OF WLRN  
172 NE 15TH STREET  
MIAMI, FL 33132 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:** SHEILA REINKEN 01/11/2021  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	HILL, DWIGHT
Address	IBERIA BANK 1515 SUNSET DRIVE #12
City-State-Zip:	MIAMI FL 33143
Title	CEO
Name	REINKEN, SHEILA CAPLAN
Address	172 NE 15TH STREET ATTN: EXECUTIVE DIRECTOR
City-State-Zip:	MIAMI FL 33132
Title	SECRETARY
Name	WILKE, CHERYL
Address	110 SE 6TH STREET SUITE 2600
City-State-Zip:	FORT LAUDERDALE FL 33301
Title	DIRECTOR
Name	O'CONNELL, DANIEL PATRICK
Address	1111 BRICKELL BAY DRIVE APARTMENT 2811
City-State-Zip:	MIAMI FL 33131

Title	CHAIRMAN
Name	GOLDSTEIN, JOSEPH
Address	200 S BROWARD BLVD 2100
City-State-Zip:	FORT LAUDERDALE FL 33301
Title	TREASURER
Name	MCGRATH, ROBERT
Address	2850 N ANDREWS AVENUE
City-State-Zip:	WILTON MANORS FL 33311-2514
Title	VC
Name	CANDELA, CALENE
Address	RYDER SYSTEMS, INC. 11690 NW 105TH STREET
City-State-Zip:	MIAMI FL 33178
Title	DIRECTOR
Name	LAZARD, SIDNEY
Address	1172 SOUTH DIXIE HIGHWAY
City-State-Zip:	CORAL GABLES FL 33146

**Continues on page 2**

*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:** SHEILA REINKEN CEO 01/11/2021  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARRISON, LYDIA  
Address 109 4TH RIVO ALTO TERRACE  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name ROJAS, MARI TERE  
Address MIAMI-DADE COUNTY PUBLIC SCHOOLS  
1450 NE 2ND AVENUE  
City-State-Zip: MIAMI FL 33132

Title CFO  
Name VEGA, STEPHANIE  
Address 172 NE 15TH STREET  
ATTN: EXECUTIVE DIRECTOR  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name LABONIA, JOHN  
Address 172 NE 15TH STREET  
ATTN: EXECUTIVE DIRECTOR  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name OLIVE, BENJAMIN  
Address OLIVE JUDD, P.A.  
2426 E. LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301