

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728832

**Entity Name:** SOUTH FLORIDA PUBLIC MEDIA GROUP, INC.

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**9419903687CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 23-7365001

**Certificate of Status Desired:** No

**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

02/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GOLDSTEIN, JOSEPH  
Address 200 S BROWARD BLVD  
2100  
City-State-Zip: FORT LAUDERDALE FL 33301

Title COO  
Name REINKEN, SHEILA CAPLAN  
Address 172 NE 15TH STREET  
ATTN: EXECUTIVE DIRECTOR  
City-State-Zip: MIAMI FL 33132

Title TREASURER  
Name MCGRATH, ROBERT  
Address 2850 N ANDREWS AVENUE  
City-State-Zip: WILTON MANORS FL 33311-2514

Title VC  
Name WILKE, CHERYL  
Address 110 SE 6TH STREET  
SUITE 2600  
City-State-Zip: FORT LAUDERDALE FL 33301

Title CHAIRMAN  
Name RAMPELL, RICHARD  
Address 1186 NORTH OCEAN WAY  
City-State-Zip: WEST PALM BEACH FL 33480

Title DIRECTOR  
Name LAZARD, SIDNEY  
Address 1172 SOUTH DIXIE HIGHWAY  
City-State-Zip: CORAL GABLES FL 33146

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

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

**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:** STEPHANIE VEGA

**CHIEF FINANCIAL  
OFFICER**

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WAN, KEAREY O  
Address 150 WEST FLAGLER STREET  
SUITE 200  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name KOTLER, CHRISTINE  
Address BAPTIST HEALTH SOUTH FLORIDA  
1500 SAN REMO AVENUE SUITE #280  
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR  
Name HERNANDEZ, MICHAEL  
Address PARTNER, LSN COMMUNICATIONS  
3800 NE 1ST AVENUE 200  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name ORTEGA, JAIME  
Address FIRST HORIZON BANK  
3275 NW 87TH AVENUE APT 1005  
City-State-Zip: MIAMI FL 33172

Title SECRETARY  
Name STOKES, DARREN  
Address 14500 WEST SUNRISE BLVD  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name JOHNSON, RENEE  
Address 220 E 2ND STREET  
City-State-Zip: FORT LAUDERDALE FL 33301