

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731483

FILED
Feb 15, 2017
Secretary of State
CC4112668502

Entity Name: NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERVICES, INC.

Current Principal Place of Business:

620 N.E. 127 STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

620 N.E. 127 STREET
NORTH MIAMI, FL 33161

FEI Number: 59-1582766

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KLEINBERG, DEBBIE EX. DIR
620 N.E. 127 STREET
NORTH MIAMI, FL 33161 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 TD
Name KEYS, CAROL F
Address 12700 BISCAYNE BLVD., SUITE 401
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name ABELL, GWENDOLYN J
Address 300 DIPLOMAT PARKWAY, #202
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name COBO, BLANCA M
Address 590 NW 126 STREET
City-State-Zip: NORTH MIAMI FL 33168

Title SD
Name MERKE, CLARENCE
Address 905 NW 133 STREET
City-State-Zip: NORTH MIAMI FL 33168

Title VD
Name BLYNN, MICHAEL R
Address 11900 BISCAYNE BLVD.
269
City-State-Zip: N. MIAMI FL 33181

Title PD
Name MCDEARMAID, MICHAEL
Address 840 NE 127 STREET
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR
Name BLYNN, ESTHER T
Address 11900 BISCAYNE BLVD.
269
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name ESTIME-IRVIN, MARY C
Address 155 NE 131 STREET
City-State-Zip: NORTH MIAMI FL 33161

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: BLANCA M COBO

DIRECTOR

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RUGGIERO, KATHY
Address 1650 NE 178 STREET
City-State-Zip: MIAMI FL 33162

Title DIRECTOR
Name VOGEL, ROXANNE
Address JOHNSON & WALES UNIVERSITY
1701 NE 127 STREET
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR
Name BROWN, JUDY
Address 1100 NW 128 TERRACE
City-State-Zip: NORTH MIAMI FL 33168

Title DIRECTOR
Name STAHL, MICHAEL
Address 19333 COLLINS AVENUE
1506
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR
Name SUMMER, WAYNE
Address LEXUS OF NORTH MIAMI
14100 BISCAYNE BLVD.
City-State-Zip: NORTH MIAMI FL 33181