

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731483

FILED
Feb 03, 2020
Secretary of State
8976092031CC

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 US

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 TREASURER, DIRECTOR
Name KEYS, CAROL F
Address CITY OF NORTH MIAMI
 776 NE 125TH STREET
City-State-Zip: NORTH MIAMI FL 33161

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

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

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

Title PRESIDENT, DIRECTOR
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

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

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 COBO

ASSISTANT SECRETARY 02/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name LLORENTE, OSCAR
Address MOUNT SINAI MEDICAL CENTER
2845 AVENTURA BLVD S440
City-State-Zip: AVENTURA FL 33180

Title D
Name PLIZGA, BARBARA
Address NORTH SHORE MEDICAL CENTER
1100 NW 95 STREET
City-State-Zip: MIAMI FL 33150

Title DIRECTOR
Name JURIGA, LARRY
Address NORTH MIAMI POLICE DEPARTMENT
700 NE 124TH STREET
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR
Name PIERRE, PAOLA
Address CITY OF NORTH MIAMI
776 NE 125 STREET
City-State-Zip: NORTH MIAMI FL 33161