

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737458

**Entity Name:** MIAMI RESCUE MISSION, INC.**Current Principal Place of Business:**2159 NW 1ST COURT  
MIAMI, FL 33127**Current Mailing Address:**2159 NW 1ST COURT  
MIAMI, FL 33127 US**FEI Number:** 59-1743865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TEW, JEFFREY ESQ  
100 S.E. SECOND STREET  
SUITE 2900  
MIAMI, FL 33131 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 P  
Name BRUMMITT, RONALD  
Address 2159 NW 1ST COURT  
City-State-Zip: MIAMI FL 33127

Title CHAIRMAN  
Name TEW, JEFFREY  
Address 100 S. E. SECOND STREET  
SUITE 2900  
City-State-Zip: MIAMI FL 33131

Title D  
Name ACOSTA, CARLOS  
Address 11871 SW 43 STREET  
City-State-Zip: MIAMI FL 33175

Title DIRECTOR  
Name LYONS, WILLIAM L.  
Address 825 WRIGHT STREET  
City-State-Zip: ENGLEWOOD FL 34223

Title D  
Name GUTIERREZ, PETE  
Address 11454 SW 127TH COURT  
City-State-Zip: MIAMI FL 33186

Title SECRETARY  
Name GORDON, ROGER  
Address 14020 N MIAMI AVE  
City-State-Zip: MIAMI FL 33168

Title D  
Name STEINBERGER, MARTY  
Address 711 PARADISO AVE  
City-State-Zip: CORAL GABELS FL 33146

Title DIRECTOR  
Name LIOTTA, JOHN S  
Address 9672 NW 67TH PL  
City-State-Zip: PARKLAND FL 33076

**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:** JEFFREY TEW**DIRECTOR****04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BEASOLEIL, MARK  
Address 5550 GLADES ROAD  
600  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name TOSI-RENN, BARBARA ANN  
Address 3308 ISLEWOOD AVENUE  
City-State-Zip: WESTON FL 33332

Title DIRECTOR  
Name ROMERO, CARLOS  
Address 8181 N. W. 154 STREET  
SUITE 207  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name WADDELL, CHARLES  
Address 9036 NW 60TH STREET  
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR  
Name WASHINGTON-BROWN, LINDA  
Address 6283 N. W. 201 TERRACE  
City-State-Zip: MIAMI FL 33015