

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762509

**Entity Name:** MIAMI SHORES COMMUNITY ALLIANCE, INC.

**Current Principal Place of Business:**

9617 PARK DR  
MIAMI, FL 33138

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC3176382272**

**Current Mailing Address:**

P.O. BOX 531512  
MIAMI SHORES, FL 33153

**FEI Number: 59-2210193**

**Certificate of Status Desired: No**

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

DORN, MICHAEL C  
502 NE 106 ST  
MIAMI SHORES, FL 33138 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           DVT  
Name           DORN, MICHAEL C  
Address        502 NE 106 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title           DVS  
Name           ACKLEY, SUSAN  
Address        1119 NE 99 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title           DC  
Name           BURCH, ALICE P  
Address        1440 NE 101 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title           DV  
Name           MATOS, CARMEN  
Address        502 GRAND CONCOURSE  
City-State-Zip: MIAMI SHORES FL 33138

Title           DV  
Name           MONCAYO, GRETA  
Address        11300 NE 2 AVE  
City-State-Zip: MIAMI SHORES FL 33138

*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: MICHAEL C. DORN**

**DVT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date