

2016 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

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 D, VC, ASST. TREASURER
Name DORN, MICHAEL C
Address 502 NE 106 ST
City-State-Zip: MIAMI SHORES FL 33138

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

Title D
Name GAGLIARDI, LAURA
Address 11300 NE 2 AVE
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC, TREASURER
Name BRADY, SEAN
Address 9999 NE 2ND AVENUE
SUITE 209J
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC
Name YOUNG, ANGELA
Address 415 NE 105 ST
City-State-Zip: MIAMI SHORES FL 33138

Title D, SECRETARY, VC
Name LEONARD, REBEKKAH H
Address 9300 NE 4 AVE
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC
Name MARIA , BESLAC
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

D, VC, ASST TREASURER 02/19/2016

Electronic Signature of Signing Officer/Director Detail

Date