

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000520

**Entity Name:** MOURNING FAMILY FOUNDATION, INC.**Current Principal Place of Business:**450 NW 14 STREET  
MIAMI, FL 33136**Current Mailing Address:**450 NW 14 STREET  
MIAMI, FL 33136 US**FEI Number:** 65-1075983**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOURNING FAMILY FOUNDATION  
100 S BISCAYNE BLVD  
SUITE 300  
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:** CARLTON BECKFORD

01/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	MOURNING, ALONZO H.
Address	100 S BISCAYNE BLVD SUITE 300
City-State-Zip:	MIAMI FL 33131

Title	T
Name	FURST, ALLEN
Address	100 S BISCAYNE BLVD SUITE 300
City-State-Zip:	MIAMI FL 33131

Title	CEO
Name	BROWN, TINA
Address	100 S BISCAYNE BLVD SUITE 300
City-State-Zip:	MIAMI FL 33131

Title	VICE CHAIR
Name	FEBRES, MICHELLE
Address	7705 NW 48TH STREET SUITE 100
City-State-Zip:	DORAL FL 33166

Title	SECRETARY
Name	ASION, ANDRES
Address	41 SE 5TH STREET SUITE CU-1
City-State-Zip:	MIAMI FL 33131

Title	D
Name	DOTSON, ALBERT
Address	1450 BRICKELL AVENUE 23RD FLOOR
City-State-Zip:	MIAMI FL 33131

Title	CHAIRMAN
Name	MARINO, STEPHEN A
Address	100 SE 2ND STREET 30TH FLOOR
City-State-Zip:	MIAMI FL 33131

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:** TINA BROWN

CEO

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date