

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007020

**Entity Name:** OUR KIDS OF MIAMI-DADE/MONROE, INC.

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**2840568802CC**

**Current Principal Place of Business:**

401 NW 2ND AVE  
SOUTH TOWER, 10TH FLOOR  
MIAMI, FL 33128

**Current Mailing Address:**

PO BOX 010951  
MIAMI, FL 33101 US

**FEI Number: 57-1140890**

**Certificate of Status Desired: Yes**

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

PENNEKAMP, J MICHAEL  
FOWLER WHITE BURNETT, P.A.  
1395 BRICKELL AVE, 14TH FLOOR  
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 CHIEF EXECUTIVE OFFICER  
Name WILLIAMS, MICHAEL  
Address 401 NW 2 AVE  
SOUTH TOWER, 10TH FLOOR  
City-State-Zip: MIAMI FL 33128

Title TRUSTEE  
Name WARD, KEITH  
Address SW 59TH ST  
City-State-Zip: MIAMI FL 33143

Title CHAIRPERSON  
Name CALLAHAN, KATE  
Address TIGERTAIL AVENUE  
City-State-Zip: COCONUT GROVE FL 33133

Title TRUSTEE  
Name LANGER, SHARON  
Address 2990 SW 35TH AVE  
City-State-Zip: MIAMI FL 33133

Title TRUSTEE  
Name EABLES, PATRICIA  
Address 302 SOUTHARD ST  
SUITE 106  
City-State-Zip: KEY WEST FL 33040

Title TRUSTEE  
Name FERNANDEZ, RUDY  
Address 230 ASHE BUILDING  
1252 MEMORIAL DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY  
Name MARRERO, OSCAR  
Address 2600 DOUGLAS RD  
City-State-Zip: CORAL GABLES FL 33134

Title TRUSTEE  
Name PELHAM, WILLIAM  
Address 11200 SW 8TH STREET  
City-State-Zip: MIAMI FL 33199

**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: MICHAEL WILLIAMS**

**CEO**

**04/29/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SMITH JACKSON, VICKIE  
Address        9032 SW 152 ST  
                  SUITE 201  
City-State-Zip: PALMETO BAY FL 33157

Title           TRUSTEE  
Name           RAMIREZ, RUTH  
Address        1475 NW 12TH AVE  
City-State-Zip: MIAMI FL 33136

Title           TRUSTEE  
Name           BLECKE, BERTA  
Address        SW 54TH COURT  
City-State-Zip: MIAMI FL

Title           TRUSTEE  
Name           MOON, JENNIFER  
Address        1115 DOVE AVENUE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title           TRUSTEE  
Name           TEGNELIA, ANTHONY  
Address        SW 79TH PLACE  
City-State-Zip: PALMETTO BAY FL 33157

Title           VC  
Name           RUSS, GINA  
Address        2800 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33140

Title           TRUSTEE  
Name           WURM, GWEN DR  
Address        BUTTONWOOD DR  
City-State-Zip: KEY BISCAYNE FL