

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

DOCUMENT# N03413

**Entity Name:** THE MIAMI COUNCIL FOR CHURCH AND SOCIAL ACTION, INC.**FILED**  
**Jul 08, 2015**  
**Secretary of State**  
**CC2035779803****Current Principal Place of Business:**%RICARDO OMAR-ALI  
16951 NW 4TH AVENUE  
MIAMI GARDENS, FL 33169**Current Mailing Address:**%RICARDO W. OMAR-ALI  
P.O 552173  
MIAMI GARDENS, FL 33055**FEI Number: 59-2419676****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OMAR-ALI, RICARDO W.  
2530 NW 170TH TERR  
MIAMI GARDENS, FL 33055-2173 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 DPM  
Name OMAR-ALI, RICARDO W.  
Address 16951 NW 4TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33055Title VD  
Name OMAR-ALI, CHARMAINE  
Address 4951 SW 152ND AVENUE  
City-State-Zip: HOLLYWOOD FL 33027Title D  
Name BEAUCICAUT/BAZIN, MONA  
Address 1261 NW 116TH TERRACE  
City-State-Zip: MIAMI FL 33167Title COUNSEL  
Name DECOSTE ESQ., CHRIS P.  
Address 910 NW 2ND COURT  
City-State-Zip: MIAMI FL 33127Title VPDOS  
Name SISTER AGBOOLA OMOLOLA JOY  
Address 7958 PINES BLVD , APT #240  
City-State-Zip: PEMBROKE PINES FL 33024Title TD  
Name SISTER, AGBOOLA OMOLOLA JOY  
Address 7958 PINES BLVD, APT #240  
City-State-Zip: PEMBROKE PINES FL 33024Title TRUSTEE  
Name BRO. STRICKLAND JOHN A.  
Address 2530 NW 170TH TERR  
City-State-Zip: MIAMI GARDENS FL 33055Title MA.INS  
Name NEWTON, JAMES  
Address 17070 S. DIXIE HWY.  
City-State-Zip: MIAMI FL 33157**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: RICARDO W OMAR-ALI****CHM.M.P.E.D.****07/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title C.L.  
Name PERREZ, /BETANCOURT JESUS  
Address 1401 W FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title IED  
Name SAKO, OSIKO  
Address 00  
MK1 OGIMURA  
City-State-Zip: TOKYO FL 33055-2173

Title C.L  
Name WANG, SHING-GULG  
Address ONE BISCAYNE TOWER ,3RD FLOOR  
City-State-Zip: MIAMI FL 33131

Title CHM.E.D.  
Name OMAR-ALI, RICARDO W  
Address C/O 330 N FEDERAL HWY  
GHCOG  
City-State-Zip: HOLLYWOOD FL 33020

Title D.MGR  
Name AGBOOLA, OLADELE TONY  
Address 150 CARRIAGE LN,#10  
City-State-Zip: DELRAN FL 08075

Title PROP.MGR.  
Name DELGADO, BERTOLODO RAZA  
Address 11 WOODVIEW DRIVE  
City-State-Zip: CHICAGO IL 60120

Title PUBLISHER  
Name LOCKE, ROVAN-GEORGE DR.  
Address 4406 NW45TH AVENUE  
City-State-Zip: TAMARAC FL 33309

Title CONCESSION.OPER  
Name JOHNSON, RICARDO  
Address 33 CAMBRIDGE STREET  
City-State-Zip: VALLEYSTREAM FL 11581