

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2015
Secretary of State
CC2542263210

Entity Name: SOUTH FLORIDA WRITERS ASSOCIATION, INC.

Current Principal Place of Business:

9310 S.W. 71ST AVENUE
MIAMI, FL 33156

Current Mailing Address:

P.O. BOX 56-2652
MIAMI, FL 33256-2652

FEI Number: 30-0222228

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AIRAN, DAMODAR S
9310 S.W. 71ST AVENUE
MIAMI, FL 33156 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 TREASURER, DIRECTOR
Name BENSON, EVELYN
Address 10275 SW 139TH PLACE
City-State-Zip: MIAMI FL 33156

Title IMMEDIATE PAST PRESIDENT
Name JARAMILLO-URIBE, ESTEFANIA
Address 14420 SW 20 STREET
City-State-Zip: MIAMI FL 33145

Title DIRECTOR
Name DANIELS, DON
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR
Name DORN, RICKI
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR/SECRETARY
Name MERTEN, ULRICH
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652

Title PRESIDENT
Name GOODMAN-MILONE, CONNIE
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR
Name ROSE, JONATHAN
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR
Name LAITNER, MORT
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652

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: EVELYN BENSON

TREASURER/DIRECTDOR 04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LIEBOWITZ, STEVE
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652

Title DIRECTOR
Name SPENCER, SHERNA
Address P.O. BOX 56-2652
City-State-Zip: MIAMI FL 33256-2652