

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009381

**Entity Name:** KOZYAK MINORITY MENTORING FOUNDATION, INC.**Current Principal Place of Business:**C/O JOHN W. KOZYAK  
2525 PONCE DE LEON BLVD., 9TH FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**C/O JOHN W. KOZYAK  
2525 PONCE DE LEON BLVD., 9TH FLOOR  
CORAL GABLES, FL 33134**FEI Number:** 42-1713041**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RYAN, SUSAN  
2525 PONCE DE LEON BOULEVARD  
9TH FLOOR  
MIAMI, FL 33134 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:** SUSAN RYAN

02/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, P  
Name KOZYAK, JOHN W  
Address 2525 PONCE DE LEON BLVD., 9TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title D, VP, T  
Name SHAW-WILDER, DETRA P  
Address 2525 PONCE DE LEON BLVD., 9TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name SILVERMAN, BARBARA  
Address 255 ARAGON AVENUE, 2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name SIMON, NIKKI  
Address 333 AVENUE OF THE AMERICAS, STE 44  
City-State-Zip: MIAMI FL 33131

Title D  
Name LOPEZ-CASTRO, CORALI  
Address 2525 PONCE DE LEON BLVD., 9TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name COX, MARCY  
Address 1311 MILLER DRIVE, ROOM 112  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name HILL, MARLON  
Address 150 SE 2ND AVENUE, STE 1200  
City-State-Zip: MIAMI FL 33131

Title D  
Name RABIN, ADAM  
Address 1601 FORUM PL, STE 505  
City-State-Zip: WEST PALM BEACH FL 33401

**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:** DETRA SHAW-WILDER

D, VP, T

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name ALLENDE, PEDRO  
Address 100 SE 2ND ST., STE 2800  
City-State-Zip: MIAMI FL 33131

Title D  
Name SMITH, H.T.  
Address 1017 N.W. 9TH COURT  
City-State-Zip: MIAMI FL 33136

Title D  
Name ABADIN, RAY  
Address 2333 PONCE DE LEON BLVD.  
SUITE 314  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name WAHID, KHURRUM  
Address 6221 W ATLANTIC BLVD.  
City-State-Zip: POMPANO BEACH FL 33063

Title D  
Name ROBERTS, LISA  
Address 801 BRICKELL AVE.  
SUITE 1800  
City-State-Zip: MIAMI FL 33131