

2015 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:**

BARBOSA, EDNA
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

03/26/2015

Electronic Signature of Signing Officer/Director Detail

Date