

**2014 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:** SHAW-WILDER, DETRA P.

D

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date