

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000491

FILED
Mar 29, 2015
Secretary of State
CC8399463641

Entity Name: SOUTH FLORIDA COMMUNITY DEVELOPMENT COALITION, INC.

Current Principal Place of Business:

300 NW 12TH AVE
MIAMI, FL 33128-1019

Current Mailing Address:

300 NW 12TH AVE
MIAMI, FL 33128-1019

FEI Number: 45-0553449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGAL SERVICES OF GREATER MIAMI, INC.
3000 BISCAYNE BLVD
SUITE# 500
MIAMI, FL 33137 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: SHAHRZAD EMAMI, ESQ.

03/29/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name SHANK, ARDEN
Address 300 NW 12TH AVE
City-State-Zip: MIAMI FL 33128-1019

Title DT
Name GROSS, OLIVER
Address 8500 NW 25TH AVE
City-State-Zip: MIAMI FL 33147

Title D
Name ROJAS, JUAN
Address 220 ALHAMBRA CIR
City-State-Zip: CORAL GABLES FL 33134

Title CEO
Name BROWN, SHEKERIA
Address 300 NW 12TH AVE
City-State-Zip: MIAMI FL 33128

Title DVP
Name RASHID, JIHAD
Address 3628 GRAND AVE
City-State-Zip: MIAMI FL 33133

Title DS
Name COTO, MARIA
Address 3000 BISCAYNE BLVD
SUITE 215
City-State-Zip: MIAMI FL 33137

Title D.
Name BLACK, ELAINE
Address 4800 NW 12TH AVE
City-State-Zip: MIAMI FL 33127

Title D.
Name DILLER, SAM
Address 181 NE 82ND ST
City-State-Zip: MIAMI FL 33138

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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: SHEKERIA BROWN

EXECUTIVE DIRECTOR

03/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D.
Name MAYER, DOUG
Address 2130 NW 13TH ST
City-State-Zip: MIAMI FL 33125

Title D.
Name ROMANI, BARBARA
Address 8750 DORAL BLVD
7TH FLOOR
City-State-Zip: DORAL FL 33178

Title D
Name CASTILLA, ANA
Address 255 ALHAMBRA CIRCLE
2ND FLOOR
City-State-Zip: CORAL GABLES FL 33143

Title D.
Name BEESING, GRETCHEN
Address 1900 BISCAYNE BLVD, SUITE 200
City-State-Zip: MIAMI FL 33132

Title D.
Name IBARRA, BARBARA
Address 140 WEST FLAGLER
SUITE 105
City-State-Zip: MIAMI FL 33130

Title D.
Name SONORA, MYRNA
Address 2315 NW 107TH AVE
#1M17
City-State-Zip: DORAL FL 33172

Title D
Name CRUZ, MARY ANN
Address 12496 NW 25TH STREET
City-State-Zip: DORAL FL 33182

Title D.
Name CURRY SMITH, KYMBERLEE
Address 15800 PINES BLVD
SUITE #3003
City-State-Zip: PEMBROKE PINES FL 33027