

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000491

FILED
Feb 26, 2014
Secretary of State
CC3094583095

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:

LITTLE, JOHN
3000 BISCAYNE BLVD
STE 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:

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 OFFICER
Name LITTLE, JOHN
Address 3000 BISCAYNE BLVD, STE 500
City-State-Zip: MIAMI FL 33137

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

Title DS
Name BLANCO-TRUE, ERBI
Address 2 S BISCAYNE BLVD, STE 110
City-State-Zip: MIAMI FL 33131

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

Title D.
Name BRUCE, EVELYN
Address 659 NE 125TH ST
City-State-Zip: NORTH MIAMI FL 33161

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: RALPH ROSADO

EXECUTIVE DIRECTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title D.
Name IBARRA, BARBARA
Address 3550 BISCAYNE BLVD
SUITE 610
City-State-Zip: MIAMI FL 33137

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

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

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

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

Title D.
Name PATTERSON, DON
Address 301 NW 9TH ST
City-State-Zip: MIAMI FL 33136

Title D.
Name RUSS, DENIS
Address THE SEYMOUR
945 PENNSYLVANIA AVE
City-State-Zip: MIAMI BEACH FL 33139