

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000491

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC8061507193**

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

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

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

*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**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date