

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000491

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC8967699147**

**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.**

**04/25/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DT  
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

**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: SHEKERIA BROWN**

**EXECUTIVE DIRECTOR**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title D  
Name SEALS, SANDRA  
Address 25 NE 2ND STREET  
BUILDING 5, ROOM 5512 MIAMI, FL 33132  
City-State-Zip: 33132 FL

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

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 BERMAN-EISENBERG, STEPHANIE  
Address 1398 SW 1ST ST.  
#1201  
City-State-Zip: MIAMI FL 33135

Title D  
Name HERNANDEZ, INES  
Address 8750 DORAL BLVD  
7TH FLOOR  
City-State-Zip: DORAL FL 33178