

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004785

Entity Name: LADIES EMPOWERMENT AND ACTION PROGRAM, INC.**Current Principal Place of Business:**3141 SW 8TH STREET
SUITE A
MIAMI, FL 33135**Current Mailing Address:**3141 SW 8TH STREET
SUITE A
MIAMI, FL 33135 US**FEI Number: 27-0193483****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINDQUIST, MAHLIA A
1206 MADRID STREET
CORAL GABLES, 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:** MAHLIA LINDQUIST

01/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PAST PRES
Name BRAVO, YVETTE M
Address 5106 SW 6 STREET
City-State-Zip: MIAMI FL 33134Title TREA
Name GARCIA, GEMMA M
Address 6767 COLLINS AVENUE
City-State-Zip: MIAMI BEACH FL 33141Title DIRECTOR
Name LINDQUIST, MAHLIA A
Address 1206 MADRID STREET
City-State-Zip: CORAL GABLES FL 33134Title VP
Name WOODBURY, HOLLY
Address 1140 CLIFFROSE ST
City-State-Zip: HOLLYWOOD FL 33019Title SEC
Name BROWN, REBECCA
Address 350 NW 4TH ST
City-State-Zip: MIAMI FL 33128Title DIR
Name BOREN, SHED
Address 536 ALHOMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134Title CURRENT PRES
Name RONCAL, SILVANA
Address 2951 DAY AVENUE
City-State-Zip: MIAMI FL 33133Title DIR
Name ANZALOTTA, JAIME
Address 1154 W 35 STREET
City-State-Zip: HIALEAH FL 33012**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: MAHLIA LINDQUIST**EXECUTIVE DIRECTOR**

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIR
Name BELO-OSAGIE, TRIXIE
Address 1643 BRICKELL AVENUE #2001
City-State-Zip: MIAMI FL 33129

Title DIR
Name GILLESPIE, NANCY
Address 1000 SOUTH POINTE DRIVE
APT. 2902
City-State-Zip: MIAMI BEACH FL 33139

Title DIR
Name BROWN, KEVIN
Address 4000 PONCE DE LEON BLVD. STE.
470
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name VIEIRA, BERNARD
Address 50 MIRACLE MILE
City-State-Zip: CORAL GABLES FL 33134