

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001568

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC8796589043**

**Entity Name:** MIAMI DADE AND THE KEYS INTERGROUP OF OVEREATERS ANONYMOUS, INCORPORATED

**Current Principal Place of Business:**

1900 SAN SOUCI BLVD.  
APT.214  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

PO BOX 530248  
MIAMI, FL 33153-0248

**FEI Number: 27-2108375**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIS, PATRICIA A  
1900 SAN SOUCI BLVD.  
APT.214  
NORTH MIAMI, FL 33181 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: PATRICIA A. DAVIS**

**04/23/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name KEITA, STEPHANIE A  
Address 1296 NW 72 STREET  
City-State-Zip: MIAMI FL 33147

Title VC  
Name KATZ, ANDREA  
Address PO BOX 530248  
City-State-Zip: MIAMI FL 33153

Title T  
Name DAVIS, PATRICIA A  
Address 1900 SAN SOUCI BLVD.  
APT.214  
City-State-Zip: NORTH MIAMI FL 33181

Title S  
Name ROSS MYERS, JULIE  
Address PO BOX 530248  
City-State-Zip: MIAMI FL 33153

*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: PATRICIA A. DAVIS**

**TREASURER**

**04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date