## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006391

Entity Name: ECONOMIC DEVELOPMENT FOUNDATION OF SOUTH MIAMI

DADE, INC.

## **Current Principal Place of Business:**

28801 SW 157 AVE HOMESTEAD, FL 33033

## **Current Mailing Address:**

P. O. BOX 344217

HOMESTEAD, FL 33034-9583 US

FEI Number: 27-2990924 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GREER, LISA M 28801 SW 157 AVE HOMESTEAD, FL 33033 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: LISA M GREER 01/22/2021

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **CHAIRMAN** Title DIRECTOR, TREASURER,

SECRETARY Name GREER, LISA M Name DEPASS, SIOUX Address 28801 SW 157 AVE Address 28801 SW 157 AVE

City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR Title DIRECTOR

Name BELL, WILBUR ENGLISH, BALDWYN ESQ. Name Address 28801 SW 157 AVE

Address 28801 SW 157 AVE City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR Title DIRECTOR

Name MEJIA, MICHELLE Name MILLER, RICHARD 28801 SW 157 AVE Address Address 28801 SW 157 AVE City-State-Zip: HOMESTEAD FL 33033 HOMESTEAD FL 33033

City-State-Zip: Title **DIRECTOR** ACOSTA, TANIA Name

Address 28801 SW 157 AVE

HOMESTEAD FL 33033

City-State-Zip:

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.

SECRETARY/TREASURER 01/22/2021 SIGNATURE: SIOUX DEPASS

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 22, 2021

**Secretary of State** 

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