

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006391

**Entity Name:** ECONOMIC DEVELOPMENT FOUNDATION OF SOUTH MIAMI  
DADE, INC.**FILED**  
**Jan 16, 2024**  
**Secretary of State**  
**4082656890CC****Current Principal Place of Business:**21001 SW 150 AVE  
MIAMI, FL 33187**Current Mailing Address:**21001 SW 150 AVE  
MIAMI, FL 33187 US**FEI Number: 27-2990924****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DEPASS, SIOUX  
21001 SW 150 AVE  
MIAMI, FL 33187 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: SIOUX DEPASS****01/16/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CHAIRMAN  
**Name** GREER, LISA M  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**Title** DIRECTOR  
**Name** BELL, WILBUR  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**Title** DIRECTOR  
**Name** MILLER, RICHARD  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**Title** DIRECTOR  
**Name** CANDIA, RICHARD  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**Title** DIRECTOR, TREASURER,  
SECRETARY  
**Name** DEPASS, SIOUX  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**Title** DIRECTOR  
**Name** ENGLISH, BALDWIN ESQ.  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**Title** DIRECTOR  
**Name** ACOSTA, TANIA  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**Title** DIRECTOR  
**Name** SPELL, KENNETH  
**Address** 21001 SW 150 AVE  
**City-State-Zip:** MIAMI FL 33187**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: SIOUX DEPASS****SECRETARY TREASURER 01/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ROCCO, MATTHEW
Address	21001 SW 150 AVE
City-State-Zip:	MIAMI FL 33187