

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002685

**Entity Name:** NORTH MIAMI EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
NORTH MIAMI, FL 33161**Current Mailing Address:**% CITY MANAGER  
776 NE 125TH STREET, 4TH FLOOR  
NORTH MIAMI, FL 33161 US**FEI Number:** 45-4679545**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOREY, ARTHUR H. III  
776 NE 125TH STREET  
4TH FLOOR  
NORTH MIAMI, FL 33161 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:** ARTHUR H. SOREY, III

02/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name STEWART, MIRIAM  
Address % CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

Title PRESIDENT  
Name MOLL, STEVEN  
Address % CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name JURIGA, LARRY  
Address % CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

Title VP  
Name METELLUS, GEPSIE M.  
Address % CITY OF NORTH MIAMI  
776 NE 125 STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name LACOUTY, PATRICK A.  
Address % CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

Title TREASURER  
Name REYNOLDS, CLARK  
Address % CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name SOREY, III, ARTHUR H.  
Address % CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

Title SECRETARY  
Name DANIEL, NYCE  
Address % CITY MANAGER  
776 NE 125TH STREET, 4TH FLOOR  
City-State-Zip: NORTH MIAMI FL 33161

**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:** CLARK REYNOLDS

TREASURER

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SHINN, CHRISTOPHER
Address	% CITY MANAGER 776 NE 125TH STREET, 4TH FLOOR
City-State-Zip:	NORTH MIAMI FL 33161