2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002685

Entity Name: NORTH MIAMI EDUCATIONAL FOUNDATION, INC.

FILED
May 01, 2024
Secretary of State
3686171134CC

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:

DANIEL, ANEISHA 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: ANEISHA DANIEL 05/01/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name STEWART, MIRIAM Name NAPOLEON, PHILIPPE J. DR.

Address % CITY OF NORTH MIAMI Address % CITY OF NORTH MIAMI

776 NE 125TH STREET, 4TH FLOOR 776 NE 125TH STREET, 4TH FLOOR

City-State-Zip: NORTH MIAMI FL 33161 City-State-Zip: NORTH MIAMI FL 33161

Title PRESIDENT Title TREASURER

Name MOLL, STEVEN Name REYNOLDS, CLARK

Address % CITY OF NORTH MIAMI Address % CITY OF NORTH MIAMI

776 NE 125TH STREET, 4TH FLOOR 776 NE 125TH STREET, 4TH FLOOR

City-State-Zip: NORTH MIAMI FL 33161 City-State-Zip: NORTH MIAMI FL 33161

Title VP Title SECRETARY

Name METELLUS, GEPSIE M. Name DANIEL, NYCE

Address % CITY OF NORTH MIAMI Address % CITY MANAGER

776 NE 125 STREET, 4TH FLOOR 776 NE 125TH STREET, 4TH FLOOR

City-State-Zip: NORTH MIAMI FL 33161 City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR

Name SHINN, CHRISTOPHER

Address % CITY MANAGER

776 NE 125TH STREET, 4TH FLOOR

City-State-Zip: NORTH MIAMI FL 33161

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 05/01/2024