

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004230

**Entity Name:** NORTH DADE REGIONAL CHAMBER INC.**Current Principal Place of Business:**2761 N 29 AVENUE  
HOLLYWOOD, FL 33020**Current Mailing Address:**2761 N 29 AVENUE  
HOLLYWOOD, FL 33020 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINDGREN, KEITH M  
105 NE 183RD ST  
MIAMI, FL 33179 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	WEBB, SUSAN
Address	1300 NW 167TH ST #2
City-State-Zip:	MIAMI FL 33169

Title	D
Name	DONATH, JAAP
Address	1300 NW 167TH ST #2
City-State-Zip:	MIAMI FL 33169

Title	CHAIRMAN
Name	WEBB, WILLIAM C JR.
Address	1300 NW 167TH ST #2
City-State-Zip:	MIAMI FL 33169

Title	T
Name	LINDGREN, KEITH M
Address	105 NE 183RD ST
City-State-Zip:	MIAMI FL 33179

Title	CFO/COO
Name	RANSFORD, JOEL M
Address	1300 NW 167TH ST #2
City-State-Zip:	MIAMI FL 33169

*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:** JOEL RANSFORD

CFO

04/30/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date