

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004230

Entity Name: NORTH DADE REGIONAL CHAMBER INC.**Current Principal Place of Business:**1300 NW 167TH ST
#2
MIAMI, FL 33169**Current Mailing Address:**1300 NW 167TH ST
#2
MIAMI, FL 33169 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	T
Name	LINDGREN, KEITH M
Address	105 NE 183RD ST
City-State-Zip:	MIAMI FL 33179

Title	D
Name	WEBB, WILLIAM C
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	CFO/COO
Name	RANSFORD, JOEL M
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

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/COO****03/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date