

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13367

Entity Name: MIAMI BAYSIDE FOUNDATION, INC.**Current Principal Place of Business:**25 SE 2ND AVENUE
SUITE 240
MIAMI, FL 33131**Current Mailing Address:**25 SE 2ND AVENUE
SUITE 240
MIAMI, FL 33131 US**FEI Number:** 59-2834504**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELLER, PAMELA
401 BISCAYNE BLVD
R-106
MIAMI, FL 33131 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 T
Name CORREA, JOSIE E
Address 25 SE 2 AVE #240
City-State-Zip: MIAMI FL 33131

Title D
Name AEDO, ROLANDO
Address 701 BRICKELL AVENUE, SUITE 2700
City-State-Zip: MIAMI FL 33131

Title CHAIR
Name KURLAND, NATHAN
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name BARTON KING, MICHELLE
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title V
Name WELLER, PAMELA
Address 401 BISCAYNE BLVD R-106
City-State-Zip: MIAMI FL 33131

Title D
Name CARMONA, BENITO
Address 2020 PONCE DE LEON BLVD, STE 101
City-State-Zip: CORAL GABLES FL 33034

Title SECRETARY
Name EWAN, NICOLE
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name CAZEAU, JEFFREY
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

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: KATHLEEN MURPHY**EXECUTIVE DIRECTOR****01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CUERVO, LUIS
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name LOUISSAINT, BEATRICE
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name MORTON, ELIZABETH
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name DUNSHEE, ADAM
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name GILL, MARIE
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name MCMILLIAN, LOUIS
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name PEREZ-CISNEROS, PABLO
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE DIRECTOR
Name MURPHY, KATHLEEN
Address 25 SE 2ND AVENUE
SUITE 240
City-State-Zip: MIAMI FL 33131