

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007493

**Entity Name:** SPECIAL OPERATIONS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

745 SE 18 LANE  
HOMESTEAD, FL 33033

**Current Mailing Address:**

SPECIAL OPERATIONS OF SOUTH FLORIDA, INC  
PO BOX 902213  
HOMESTEAD, FL 33090

**FEI Number:** 47-1652955

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MONGOLE, RON  
437 SE 22 DRIVE  
HOMESTEAD, FL 33033 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 BATISTA, CARLOS  
Address 613 OCEAN DR. UNIT 11-C  
City-State-Zip: KEY BISCAYNE FL 33149

Title ST  
Name POWELL, CLARA W  
Address 745 SE 18TH LANE  
City-State-Zip: HOMESTEAD FL 33033

Title V  
Name LYONS, PHILLIP C  
Address 11165 SW 133RD CT  
City-State-Zip: MIAMI FL 33186

Title P  
Name BATISTA, CARLOS  
Address 613 OCEAN DR. UNIT 11-C  
City-State-Zip: KEY BISCAYNE FL 33149

Title ST  
Name POWELL, CLARA W  
Address 745 SE 18TH LANE  
City-State-Zip: HOMESTEAD FL 33033

*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:** CLARA WATERMAN POWELL

**TREASURER**

**04/09/2023**

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

\_\_\_\_\_  
Date