**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 16, 2021**
**Secretary of State**
**2727726372CC**

DOCUMENT# N15000008907

**Entity Name:** BIG BROTHERS BIG SISTERS OF MIAMI INSTITUTE, INC.

**Current Principal Place of Business:**

550 NW 42ND AVE
MIAMI, FL 33126

**Current Mailing Address:**

550 NW 42ND AVE
MIAMI, FL 33126 US

**FEI Number: 47-5086692**

**Certificate of Status Desired:** No

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

NELSON, GALE S
550 NW 42ND AVE
MIAMI, FL 33126 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: GALE NELSON 03/16/2021

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | OFFICER |
| Name | GELBER, DAN |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|---|---|
| Title | OFFICER |
| Name | STEINBERG, RICHARD L. |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

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|---|---|
| Title | OFFICER |
| Name | STURGES, ROBERT |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

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|---|---|
| Title | PRESIDENT & CEO |
| Name | NELSON, GALE S |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

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|---|---|
| Title | DIRECTOR |
| Name | CRABTREE, BONNIE |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

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|---|---|
| Title | DIRECTOR |
| Name | HAVENICK, ALEXANDER |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

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|---|---|
| Title | DIRECTOR |
| Name | KARSON, JACK |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MACIAS, BERNIE |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

**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: GALE S. NELSON PRESIDENT & CEO 03/16/2021

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | SASLAW, GARY R. |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SEIGER, CAROL |
| Address | 550 NW 42ND AVE |
| City-State-Zip: | MIAMI FL 33126 |