2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33342

Entity Name: SOUTH FLORIDA ALA CHARITY FUND INCORPORATED

FILED
Mar 10, 2018
Secretary of State
CC2507433323

Current Principal Place of Business:

C/O MURRAY MORIN & HERMAN, P.A., - CAROLE SHEETS, T 255 ALHAMBRA CIRCLE SUITE 750 CORAL GABLES, FL 33134

Current Mailing Address:

C/O MURRAY, MORIN & HERMAN, P.A. - CAROLE SHEETS, T 255 ALHAMBRA CIRCLE SUITE 750 CORAL GABLES, FL 33134 US

FEI Number: 65-0145698 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANCO, KRISTINE 100 SE SECOND STREET SUITE 3900 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: KRISTINE BLANCO 03/10/2018

Electronic Signature of Registered Agent Date

City-State-Zip:

MIAMI FL 33131

Officer/Director Detail:

Title DIRECTOR Title TREASURER

Name COLON, MARIE Name SHEETS, CAROLE

Address 333 SE 2ND AVENUE Address 255 ALHAMBRA CIRCLE

SUITE 2700 SUITE 750

112 21 00 00 112 100 000 112 100 00 112 100 00 112 100 00 112 100 00 112 100 000 112 100

City-State-Zip: MIAMI FL 33131 City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT Title DIRECTOR

Name BLANCO, KRISTINE Name CASARES, MICHELLE

Address 100 SE 2ND STREET Address 2999 NE 191ST STREET

SUITE 3900 SUITE 330

City-State-Zip: MIAMI FL 33131 City-State-Zip: ADVENTURA FL 33180

 Title
 VP MEMBERSHIP
 Title
 PRESIDENT ELECT

 Name
 GOMEZ, NILKA
 Name
 MONTES, ADILEN

Address 201 S BISCAYNE BLVD Address 201 S BISCAYNE BLVD

1205 22ND FLOOR

Title SECRETARY

Name TORRES, LILLIANA

Address 200 SOUTH BISCAYNE BLVD

MIAMI FL 33131

SUITE 2500

City-State-Zip: MIAMI FL 33131

City-State-Zip:

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: CAROLE SHEETS TREASURER 03/10/2018