

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33342

FILED
Jan 28, 2016
Secretary of State
CC2491399887

Entity Name: SOUTH FLORIDA ALA CHARITY FUND INCORPORATED

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:

SMITH-BILT, VICKI
333 SE 2ND AVENUE
SUITE 4400
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 DIRECTOR
Name PAWLOSKI, JUDITH
Address 707 SE 3RD AVENUE
SUITE 500
City-State-Zip: FT. LAUDERDALE FL 33316

Title PRESIDENT
Name COLON, MARIE
Address 333 SE 2ND AVENUE
SUITE 2700
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name SHEETS, CAROLE
Address 255 ALHAMBRA CIRCLE
SUITE 750
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name SMITH-BILT, VICKI
Address 333 SE 2ND AVENUE
SUITE 4400
City-State-Zip: MIAMI FL 33131

Title VP MEMBERSHIP
Name BLANCO, KRISTINE
Address 200 S BISCAYNE BLVD
SUITE 4300
City-State-Zip: MIAMI FL 33131

Title PRESIDENT-ELECT
Name CASARES, MICHELLE
Address 18305 BISCAYNE BLVD
SUITE 3302
City-State-Zip: ADVENTURA FL 33160

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

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date