

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33342

**FILED**  
**Apr 24, 2020**  
**Secretary of State**  
**3165770307CC**

**Entity Name:** SOUTH FLORIDA ALA CHARITY FUND INCORPORATED

**Current Principal Place of Business:**

C/O GORDON & REES - KRISTINE BLANCO  
100 SE SECOND STREET SUITE 3900  
MIAMI, FL 33131

**Current Mailing Address:**

C/O GORDON & REES. - KRISTINE BLANCO, T  
100 SE SECOND STREET SUITE 3900  
MIAMI, FL 33131 US

**FEI Number:** 65-0145698

**Certificate of Status Desired:** No

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

GOMEZ, NILKA  
251 NW 23 STREET  
MIAMI, FL 33127 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:** NILKA GOMEZ

04/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BLANCO, KRISTINE  
Address        100 SE 2ND STREET  
                  SUITE 3900  
City-State-Zip: MIAMI FL 33131

Title           DIRECTOR  
Name           CASARES, MICHELLE  
Address        2999 NE 191ST STREET  
                  SUITE 330  
City-State-Zip: ADVENTURA FL 33180

Title           PRESIDENT  
Name           GOMEZ, NILKA  
Address        251 NW 23 STREET  
City-State-Zip: MIAMI FL 33127

Title           DIRECTOR  
Name           MONTES, ADILEN  
Address        201 S BISCAYNE BLVD  
                  22ND FLOOR  
City-State-Zip: MIAMI FL 33131

Title           PRESIDENT ELECT  
Name           TORRES, LILLIANA  
Address        200 SOUTH BISCAYNE BLVD  
                  SUITE 2500  
City-State-Zip: MIAMI FL 33131

Title           VP  
Name           WEIR, EMELYN  
Address        200 SOUTH BISCAYNE BLVD  
                  SUITE 5300  
City-State-Zip: MIAMI FL 33131

Title           SECRETARY  
Name           SANDERS, LOURDES  
Address        2 SOUTH BISCAYNE BLVD  
                  21ST FLOOR  
City-State-Zip: MIAMI FL 33131

*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:** KRISTINE BLANCO

**TREASURER**

04/24/2020

Electronic Signature of Signing Officer/Director Detail

Date