

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33342

**FILED**  
**Apr 10, 2017**  
**Secretary of State**  
**CC5185000315**

**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:**

CASARES, MICHELLE  
2999 NE 191ST STREET  
SUITE 330  
ADVENTURA, FL 33180 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:** MICHELLE CASARES

04/10/2017

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

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

Title SECRETARY  
Name GOMEZ, NILKA  
Address 201 S BISCAYNE BLVD  
1205  
City-State-Zip: MIAMI FL 33131

Title VP MEMBERSHIP  
Name MONTES, ADILEN  
Address 201 S BISCAYNE BLVD  
22ND 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:** CAROLE SHEETS

TREASURER

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date