

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000629

**Entity Name:** ECONOMIC DEVELOPMENT COUNCIL OF SOUTH MIAMI-DADE, INC.

**FILED  
Mar 29, 2022  
Secretary of State  
6482683179CC**

**Current Principal Place of Business:**

1000 WEST PALM DRIVE  
344217  
HOMESTEAD, FL 33034

**Current Mailing Address:**

P. O. BOX 344217  
HOMESTEAD, FL 33034-9583 US

**FEI Number: 65-0407832**

**Certificate of Status Desired: No**

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

DEPASS, SIOUX  
21001 SW 150 AVENUE  
MIAMI, FL 33187 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: SIOUX DEPASS**

**03/29/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name GREER, LISA  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

Title DIRECTOR, TREASURER,  
SECRETARY  
Name DEPASS, SIOUX  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

Title DIRECTOR  
Name BELL, WILBUR  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

Title DIRECTOR  
Name ENGLISH, BALDWIN ESQ.  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

Title DIRECTOR  
Name MEJIA, MICHELLE  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

Title DIRECTOR  
Name MILLER, RICHARD  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

Title DIRECTOR  
Name ACOSTA, TANIA PHD  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

Title DIRECTOR  
Name CANDIA, RICHARD  
Address 1000 WEST PALM DRIVE  
344217  
City-State-Zip: HOMESTEAD FL 33034

*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: SIOUX DEPASS**

**SEC/TREA**

**03/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date