## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9300000629

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

INC.

Jan 22, 2021 Secretary of State 2782936910CC

**FILED** 

## **Current Principal Place of Business:**

28801 SW 157 AVE HOMESTEAD, FL 33033

## **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:

GREER, LISA M 28801 SW 157 AVE HOMESTEAD, FL 33033 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: LISA M GREER 01/22/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIRMAN Title DIRECTOR, TREASURER, SECRETARY

Name GREER, LISA Name DEPASS, SIOUX

Address 28801 SW 157 AVE Address 28801 SW 157 AVE Address 28801 SW 157 AVE

City-State-Zip: HOMESTEAD FL 33033

City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR Title DIRECTOR

Name BELL, WILBUR

Name ENGLISH, BALDWYN ESQ.

Address 28801 SW 157 AVE

City-State-Zip: HOMESTEAD FL 33033

Address 28801 SW 157 AVE

City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR Title DIRECTOR

 Name
 MEJIA, MICHELLE
 Name
 MILLER, RICHARD

 Address
 28801 SW 157 AVE
 Address
 28801 SW 157 AVE

City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR

Name ACOSTA, TANIA PHD
Address 28801 SW 157 AVE

City-State-Zip: HOMESTEAD FL 33033

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 SECRETARY/TREASURER 01/22/2021

Electronic Signature of Signing Officer/Director Detail

Date