

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005466

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC5773954469**

**Entity Name:** CITY OF NORTH MIAMI EMPLOYEES' ASSISTANCE TRUST  
FUND, INC.

**Current Principal Place of Business:**

NORTH MIAMI CITY HALL  
776 NE 125 STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

NORTH MIAMI CITY HALL - KAY GRANT  
776 NE 125 STREET  
NORTH MIAMI, FL 33161

**FEI Number: 65-0758530**

**Certificate of Status Desired: Yes**

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

NORTH MIAMI CITY ATTORNEY'S OFFICE  
776 NE 125 STREET  
NORTH MIAMI, FL 33161 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 P  
Name GRANT, KAY M  
Address 776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title V  
Name GARCIA, CARLOS  
Address 776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title S  
Name BELLAMY, FELICIA L  
Address 776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title T  
Name SANZETENEA, DUNIA  
Address 776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title T  
Name MCDONALD, ANDREA A  
Address 776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title T  
Name PAYNE, DARRELL  
Address 776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

*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: KAY M. GRANT**

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date