

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

DOCUMENT# N96000005466

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

**FILED**  
**Jan 26, 2021**  
**Secretary of State**  
**5847215915CC**

**Current Principal Place of Business:**

CITY OF NORTH MIAMI  
776 NE 125 STREET 4TH FLOOR  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

CITY OF NORTH MIAMI C/O ANDREA MCDONALD  
776 NE 125 STREET  
NORTH MIAMI, FL 33161 US

**FEI Number: 65-0758530**

**Certificate of Status Desired: No**

**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 GARCIA, CARLOS  
Address C/O CITY OF NORTH MIAMI  
776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title V  
Name PAYNE, DARRELL  
Address C/O CITY OF NORTH MIAMI  
776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title SECRETARY  
Name LEE, BRENDA L  
Address C/O CITY OF NORTH MIAMI  
776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name SANZETENEA, DUNIA L  
Address C/O CITY OF NORTH MIAMI  
776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title TREASURER  
Name MCDONALD, ANDREA A  
Address C/O CITY OF NORTH MIAMI  
776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title ASST. TREASURER  
Name ALABRE, MACDEUR  
Address C/O CITY OF NORTH MIAMI  
776 NE 125TH STREET, 4TH FLOOR  
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: ANDREA MCDONALD**

**TREASURER**

**01/26/2021**

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

\_\_\_\_\_  
Date