

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

DOCUMENT# N96000005466

**FILED**  
**Jan 05, 2022**  
**Secretary of State**  
**4243473951CC**

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

**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  
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  
3RD FLOOR  
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            PRESIDENT  
Name            GARCIA, CARLOS  
Address        C/O CITY OF NORTH MIAMI  
                  776 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title            VICE PRESIDENT  
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            TRUSTEE  
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            SMITH, DEBRA  
Address        C/O CITY OF NORTH MIAMI  
                  776 NE 125TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title            ASST. TREASURER  
Name            BOBB, PAULMARIE E.  
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: PAULMARIE BOBB**

**TRUSTEE**

**01/05/2022**

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

\_\_\_\_\_  
Date