

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004029

**Entity Name:** MIAMI CARNIVAL, INC.

**Current Principal Place of Business:**

18425 N.W. 2ND AVENUE  
SUITE 435  
MIAMI GARDENS, 33169

**Current Mailing Address:**

18425 N.W. 2ND AVENUE  
SUITE 435  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 65-0932385

**Certificate of Status Desired:** No

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

D'ARCY, KATHRYN  
18425 N.W. 2ND AVENUE, SUITE 435  
MIAMI GARDENS, FL 33169 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 CHAIRMAN  
Name SEALY, ASA  
Address 18425 N.W. 2ND AVENUE  
SUITE 335  
City-State-Zip: MIAMI GARDENS FL 33169

Title TRUSTEE  
Name LUKE, RAYMOND  
Address 18425 NW 2ND AVE., STE 435  
City-State-Zip: MIAMI GARDENS FL 33169

Title TRUSTEE  
Name RAGOONAN, JOAN  
Address 18425 N.W. 2ND AVENUE. SUITE 435  
City-State-Zip: MIAMI GARDENS FL 33169

Title TRUSTEE  
Name ROBERTS, SYDNEY  
Address 18425 NW 2ND AVENUE SUITE 435  
City-State-Zip: MIAMI GARDENS FL 33169

Title SECRETARY  
Name DARCY, KATHRYN  
Address 18425 NW 2ND AVE, # 435  
City-State-Zip: MIAMI GARDENS FL 33169

Title VC & TREASURER  
Name WILLIAMS, RUTHVEN  
Address 18425 N.W. 2ND AVENUE  
SUITE 435  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name CARTER, KEITH L  
Address 18425 N.W. 2ND AVENUE  
SUITE 435  
City-State-Zip: MIAMI GARDENS 33169

Title DIRECTOR  
Name GREGOIRE, MARLENE  
Address 18425 N.W. 2ND AVENUE  
SUITE 435  
City-State-Zip: MIAMI GARDENS FL 33169

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*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:** RUTHVEN WILLIAMS

**VICE CHAIR**

**02/21/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARRIS, YVETTE  
Address 18425 N.W. 2ND AVENUE  
SUITE 435  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name FRAZIER, CYNTHIA M  
Address 18425 NW 2ND AVENUE  
SUITE 435  
City-State-Zip: MIAMI GARDENS FL 33169-4525