

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715140

FILED
Apr 19, 2012
Secretary of State

Entity Name: NORTH DADE CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1300 NW 167TH STREET
SUITE 2
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1300 NW 167TH STREET
SUITE 2
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 59-1855726 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LINDGREN, KEITH
105 NE 183RD STREET
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CHR
Name: TRAUSKE-MCEACHIN, SUSAN
Address: 1300 NW 167TH STREET, STE 2
City-St-Zip: MIAMI GARDENS, FL 33169

Title: CFO
Name: RANSFORD, JOEL
Address: 1300 NW 167TH STREET, STE 2
City-St-Zip: MIAMI GARDENS, FL 33169

Title: TRS
Name: LINDGREN, KEITH
Address: 1300 NW 167TH STREET, STE 2
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DIR
Name: WEBB, WILLIAM C
Address: 1300 NW 167TH STREET, SUITE 2
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DIR
Name: DONATH, JAAP
Address: 1300 NW 167TH STREET, SUITE 2
City-St-Zip: MIAMI GARDENS, FL 33169

Title: DIR
Name: BRYAN, HUGH
Address: 1300 NW 167TH STREET, SUITE 2
City-St-Zip: MIAMI, FL 33169

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: JOEL M. RANSFORD

CFO

04/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date