

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001300

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: MIAMI-DADE GAY & LESBIAN CHAMBER OF COMMERCE, INC.

## Current Principal Place of Business:

3510 BISCAYNE BLVD  
SUITE 205  
MIAMI, FL 33137

## New Principal Place of Business:

## Current Mailing Address:

3510 BISCAYNE BLVD  
SUITE 205  
MIAMI, FL 33137

## New Mailing Address:

FEI Number: 65-0997245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DAVIS, MARTY  
609 NE 127TH STREET  
NORTH MIAMI, FL 33161      US

## Name and Address of New Registered Agent:

DAVIS, MARTY  
18305 BISCAYNE BOULEVARD #200  
AVENTURA, FL 33160      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

01/16/2009

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: ADKINS, STEVEN  
Address: 3510 BISCAYNE BLVD., STE. 205  
City-St-Zip: MIAMI, FL 33137 US

Title: S/T      ( ) Delete  
Name: VITA, MICHAEL  
Address: 218 NE 51 STREET, #1  
City-St-Zip: MIAMI, FL 33137 US

Title: D      ( ) Delete  
Name: NEARY, GEORGE  
Address: 701 BRICKELL AVENUE, STE. 2700  
City-St-Zip: MIAMI, FL 33131 US

Title: D      ( ) Delete  
Name: ALLER, MICHAEL  
Address: 1700 CONVENTION CENTER DRIVE, 4TH FLOOR  
City-St-Zip: MIAMI BEACH, FL 33139 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN ADKINS

Electronic Signature of Signing Officer or Director

P

01/16/2009

Date