

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005001

FILED
Apr 21, 2009
Secretary of State

Entity Name: MIAMI DADE CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

11380 NW 27TH AVENUE
SUITE 1328
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

11380 NW 27TH AVENUE
SUITE 1328
MIAMI, FL 33167

New Mailing Address:

FEI Number: 56-2282473 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLOWAY, WILBERT T
17831 NW 28TH COURT
MIAMI, FL 33056 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: D () Delete
Name: HOLLOWAY, WILBERT T
Address: 17831 NW 28TH COURT
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: PARKER, MERVIS
Address: 900 SW 100TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: WILLIAMS, JOHNNIE
Address: 2171 NW 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: PCEO () Delete
Name: DIGGS, WILLIAM
Address: 11380 NW 27TH AVENUE, SUITE 1328
City-St-Zip: MIAMI, FL 33167

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: WILLIAM DIGGS

PCEO

04/21/2009

Electronic Signature of Signing Officer or Director

Date