

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000567

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** MIAMI-DADE COUNTY CHAPTER FNGLA, INC

**Current Principal Place of Business:**

18710 SW 288 STREET ROOM 38  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

18710 SW 288 STREET ROOM 129  
HOMESTEAD, FL 33030

**Current Mailing Address:**

18710 SW 288 STREET ROOM 38  
HOMESTEAD, FL 33030

**New Mailing Address:**

18710 SW 288 STREET ROOM 129  
HOMESTEAD, FL 33030

**FEI Number:** 20-2228302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREDERICK, MICHAEL CPA  
75 NE 15TH STREET  
HOMESTEAD, FL 33030 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: PP  
Name: LEONARD, STEVE  
Address: 18710 SW 288 STREET, ROOM 129  
City-St-Zip: HOMESTEAD, FL 33030

Title: D  
Name: ALEXANDER, IVONNE  
Address: 18710 SW 288 STREET, ROOM 129  
City-St-Zip: HOMESTEAD, FL 33030

Title: PRES  
Name: HUMPHRIES, ALLYSON  
Address: 18710 SW 288 STREET, ROOM 129  
City-St-Zip: HOMESTEAD, FL 33030

Title: T  
Name: GREER, LISA  
Address: 18710 SW 288 STREET, ROOM 38  
City-St-Zip: HOMESTEAD, FL 33030

Title: S  
Name: SPURLING, JANE  
Address: 18710 SW 288 STREET, ROOM 129  
City-St-Zip: HOMESTEAD, FL 33030

Title: 1VP  
Name: FAJARDO, CLAUDIA  
Address: 18710 SW 288 STREET, ROOM 129  
City-St-Zip: HOMESTEAD, FL 33030

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: LISA GREER

TRES

02/02/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date