

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715140

**Entity Name:** NORTH DADE CHAMBER OF COMMERCE, INC.

**FILED**  
**Mar 09, 2017**  
**Secretary of State**  
**CC0084350322**

**Current Principal Place of Business:**

1300 NW 167TH STREET  
SUITE 2  
MIAMI, FL 33169

**Current Mailing Address:**

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

**FEI Number: 59-1855726**

**Certificate of Status Desired: No**

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

LINDGREN, KEITH  
105 NE 183RD STREET  
MIAMI, FL 33179 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            PRESIDENT  
Name            WEBB, SUSAN  
Address        1300 NW 167TH STREET, STE 2  
City-State-Zip: MIAMI GARDENS FL 33169

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

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

Title            CHAIRMAN  
Name            WEBB, WILLIAM C JR.  
Address        1300 NW 167TH STREET, SUITE 2  
City-State-Zip: MIAMI GARDENS FL 33169

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

**03/09/2017**

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

\_\_\_\_\_  
Date