

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723807

FILED
Apr 28, 2020
Secretary of State
2827999549CC**Entity Name:** HUMANE SOCIETY OF GREATER MIAMI, DADE COUNTY
SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS, ADOPT-A-PET AND
PET RESCUE, INC.**Current Principal Place of Business:**16101 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**16101 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160 US**FEI Number: 59-0711176****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOFFMAN, LAURIE
16101 W. DIXIE HWY
NORTH MIAMI BEACH, 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: LAURIE HOFFMAN****04/28/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIR
Name	BATCHELOR, SANDY ESQ
Address	1680 MICHIGAN AVE
City-State-Zip:	MIAMI BEACH FL 33139
Title	C
Name	BLUM, SAMUEL ESQ
Address	2666 TIGERTAIL AVE, SUITE 106
City-State-Zip:	COCONUT GROVE FL 33133
Title	SECRETARY
Name	HALLER, PAUL
Address	NORTHERN TRUST BANK 600 BRICKELL AVENUE #2400
City-State-Zip:	MIAMI FL 33131
Title	TREASURER
Name	ROSS, DAVID
Address	3339 VIRGINIA STREET #128
City-State-Zip:	CORAL GABLES FL 33133

Title	DIRECTOR
Name	NEIDER-SUGRUE, LINDA
Address	4614 UNIVERSITY DRIVE
City-State-Zip:	CORAL GABLES FL 33146
Title	CHAIRMAN
Name	KUNKEL, ALISON
Address	C/O 50 EGGS, INC. 4770 BISCAYNE BLVD #1280
City-State-Zip:	MIAMI FL 33137
Title	VC
Name	VILLACAMPA, MAGGIE
Address	US TRUST BANK 701 BRICKELL AVE
City-State-Zip:	MIAMI FL 33131
Title	DIR
Name	JACOBSON, LOLA
Address	9999 COLLINS AVE
City-State-Zip:	BAL HARBOR FL 33154

Continues on page 2

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: LAURIE HOFFMAN**EXECUTIVE DIRECTOR****04/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIR
Name MCENANY, PATRICK
Address 355 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title DIR
Name PANE, ROBERT DVM
Address 9501 SW 160 ST
City-State-Zip: MIAMI FL 33157

Title DIR
Name DONALDSON, SEAN
Address 1674 MERIDIAN AVE #100
City-State-Zip: MIAMI BEACH FL 33139

Title DIR
Name SCHARF-MATLICK, ALI
Address 6330 ALLISON ROAD
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name GARCIA, MARCOS J
Address 3433 GARDEN AVE #9
City-State-Zip: MIAMI BEACH FL 33140

Title DIR
Name MUNILLA, JACQUELYN
Address 7231 SUNSET DR
City-State-Zip: MIAMI FL 33143

Title CEO
Name HOFFMAN, LAURIE
Address 16101 W. DIXIE HIGHWAY
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title DIR
Name PURDY, GREGORY M
Address 1080 PORT BLVD
City-State-Zip: MIAMI FL 33132

Title DIR
Name SLAVENS, AARON
Address HOLLAND & KNIGHT
701 BRICKELL AVENUE SUITE 3300
City-State-Zip: MIAMI FL 33131