

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739471

Entity Name: FLORIDA STATE MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.**FILED**
Jan 13, 2022
Secretary of State
3072530460CC**Current Principal Place of Business:**9499 NE 2ND AVE
SUITE 201
MIAMI, FL 33138**Current Mailing Address:**9499 NE 2ND AVE
SUITE 201
MIAMI, FL 33138 US**FEI Number: 59-1746154****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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** CHAIRMAN
Name HILL, DANA
Address 9499 NE 2ND AVE
SUITE 201
City-State-Zip: MIAMI FL 33138**Title** TREASURER
Name GREENE, JACK
Address 9499 NE 2ND AVE SUITE 201
City-State-Zip: MIAMI FL 33138**Title** SECRETARY
Name PENNANT, ANTHEA
Address 9499 NE 2ND AVENUE
SUITE 201
City-State-Zip: MIAMI FL 33138**Title** ASST. TREASURER
Name BUTLER, BRIAN
Address 9499 NE 2ND AVENUE
SUITE 201
City-State-Zip: MIAMI FL 33138**Title** 1ST VICE-CHAIR
Name HANSON, DESIREE
Address 9499 NE 2ND AVE SUITE 201
City-State-Zip: MIAMI FL 33138**Title** PCEO
Name LOUISSAINT, BEATRICE
Address 9499 NE 2ND AVE SUITE 201
City-State-Zip: MIAMI FL 33138**Title** 2ND VICE CHAIR
Name MAYHEW, MARY
Address 9499 NE 2ND AVENUE
SUITE 201
City-State-Zip: MIAMI FL 33138

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: BEATRICE LOUISSAINT**PRESIDENT & CEO****01/13/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date