

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739471

Entity Name: SOUTHERN FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.**FILED**
Feb 20, 2014
Secretary of State
CC6979322067**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.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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	VICE CHAIR 1ST
Name	LAWSON-VIDAL, DIONNE
Address	9499 NE 2ND AVE SUITE 201
City-State-Zip:	MIAMI FL 33138

Title	SECRETARY
Name	HILL, DANA
Address	9499 NE 2ND AVE SUITE 201
City-State-Zip:	MIAMI FL 33138

Title	CHAIRMAN
Name	ACOSTA, ERASMO
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	VICE CHAIR 2ND
Name	SOPHIA, GALVIN M
Address	9499 NE 2ND AVE SUITE 201
City-State-Zip:	MIAMI FL 33138

Title	TREASURER
Name	KIMPTON, TODD
Address	9499 NE 2ND AVE SUITE 201
City-State-Zip:	MIAMI FL 33138

Title	ASST. TREASURER
Name	FLOYD, LARAE
Address	9499 NE 2ND AVE 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****02/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date