

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762509

**Entity Name:** MIAMI SHORES COMMUNITY ALLIANCE, INC.

**Current Principal Place of Business:**

9617 PARK DR  
MIAMI, FL 33138

**Current Mailing Address:**

P.O. BOX 531512  
MIAMI SHORES, FL 33153

**FEI Number: 59-2210193**

**Certificate of Status Desired: No**

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

DORN, MICHAEL C  
502 NE 106 ST  
MIAMI SHORES, FL 33138 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 D, VC, ASST. TREASURER  
Name DORN, MICHAEL C  
Address 502 NE 106 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title D, CHAIRMAN  
Name ACKLEY, SUSAN  
Address 1119 NE 99 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC  
Name GAGLIADI, LAURA  
Address 11300 NE 2 AVE  
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC, TREASURER  
Name BRADY, SEAN  
Address 9999 NE 2ND AVENUE  
SUITE 209J  
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC  
Name YOUNG, ANGELA  
Address 415 NE 105 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC, SECRETARY  
Name BONET, ELLEN  
Address 11301 NW 5 AVE  
City-State-Zip: MIAMI SHORES FL 33168

*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: MICHAEL C. DORN**

**D, VC, ASSISTANT  
TREASURER**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date