

**2018 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 US

**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 YOUNG, ANGELA  
Address 415 NE 105 ST  
City-State-Zip: MIAMI SHORES FL 33138

Title D, TREASURER, VC  
Name LEONARD, REBEKKAH H  
Address 9300 NE 4 AVE  
City-State-Zip: MIAMI SHORES FL 33138

Title D, SECRETARY, VC  
Name MATOS, MELIDA  
Address 9819 NE 4TH AVE ROAD  
City-State-Zip: MIAMI SHORES FL 33138

Title D, VC  
Name MILLION, CHARLES  
Address 485 NE 93 ST  
City-State-Zip: MIAMI SHORES 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: MICHAEL C. DORN**

**D, VP, ASST TRES**

**04/30/2018**

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

\_\_\_\_\_  
Date