

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

DOCUMENT# N04000009764

**FILED  
Apr 27, 2015  
Secretary of State  
CC9483284992**

**Entity Name:** MIAMI-DADE FAMILY LEARNING PARTNERSHIP, INC.

**Current Principal Place of Business:**

10800 BISCAYNE BLVD.  
500  
MIAMI, FL 33161

**Current Mailing Address:**

10800 BISCAYNE BLVD  
500  
MIAMI, FL 33161

**FEI Number:** 14-1916606

**Certificate of Status Desired:** Yes

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

HABER, DAVID B. ESQ.  
MIAMI CENTER  
201 S. BISCAYNE BLVD. SUITE 1205  
MIAMI, FL 33131 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:** DAVID B. HABER

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	BLAIR, LISA
Address	10800 BISCAYNE BLVD SUITE 500
City-State-Zip:	MIAMI FL 33161
Title	D
Name	VENZER, ELLEN S THE HONORABLE
Address	6850 S W 115TH ST
City-State-Zip:	PINECREST FL 33156

Title	D
Name	BLAIR, JERROLD
Address	300 S POINTE DR APT 3103
City-State-Zip:	MIAMI BEACH FL 33139
Title	D
Name	HOOD, CHARLES
Address	11900 GRIFFING BLVD
City-State-Zip:	BISCAYNE PARK FL 33161

*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:** LISA M. BLAIR

**PRESIDENT**

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date