

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009764

**FILED  
Apr 10, 2013  
Secretary of State  
CC5901220434**

**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:** No

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

HABER, DAVID BESQ.  
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:**

\_\_\_\_\_  
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            BLAIR, JERROLD  
Address        300 S POINTE DR APT 3103  
City-State-Zip: MIAMI BEACH FL 33139

Title            D  
Name            VENZER, ELLEN SJUDGE  
Address        6850 S W 115TH ST  
City-State-Zip: PINECREST FL 33156

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 BLAIR

**PRESIDENT AND CEO**

**04/10/2013**

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

\_\_\_\_\_  
Date