

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000567

**Entity Name:** MIAMI-DADE COUNTY CHAPTER FNGLA, INC

**Current Principal Place of Business:**

18710 SW 288 STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

18710 SW 288 STREET  
HOMESTEAD, FL 33030 US

**FEI Number:** 20-2228302

**Certificate of Status Desired:** No

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

FREDERICK, MICHAEL CPA  
75 NE 15TH STREET  
HOMESTEAD, FL 33030 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            PRESIDENT  
Name            DEMOTT, JEFFREY  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title            DIRECTOR  
Name            ALEXANDER, IVONNE  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title            DIRECTOR  
Name            SALES, YANELYS  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title            PAST PRESIDENT  
Name            GNAEGY, MICHAEL  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title            VP  
Name            RUTZKE, BARNEY  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title            T  
Name            ROMERO, JULIA R  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title            S  
Name            JESSEE, VICTORIA  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title            DIRECTOR  
Name            WIGGNS, PAUL  
Address        18710 SW 288 STREET  
                  RM 117  
City-State-Zip: HOMESTEAD FL 33030

**Continues on page 2**

*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:** JEFFREY DEMOTT

**PRESIDENT**

**04/13/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OTHER, COMMUNITY OUTREACH  
Name SCHNEIDER, MARY  
Address 18710 SW 288 STREET  
RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name PHILCOX, MARY  
Address 18710 SW 288 STREET  
RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name RODRIGUEZ, AMANDA  
Address 18710 SW 288 STREET  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name GONZALEZ, VICTOR  
Address 18710 SW 288 STREET  
RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name DUQUE, FELIX  
Address 18710 SW 288 STREET  
RM 117  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name BURR, ROBIN  
Address 18710 SW 288 STREET  
City-State-Zip: HOMESTEAD FL 33030