DOCUMENT# N0500000567	
Entity Name: MIAMI-DADE COUNTY CHAPTER FNGLA, INC	

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

18710 SW 288 STREET ROOM 117 HOMESTEAD, FL 33030

Current Mailing Address:

18710 SW 288 STREET ROOM 117 HOMESTEAD, FL 33030 US

FEI Number: 20-2228302

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FREDERICK, MICHAEL CPA 75 NE 15TH STREET HOMESTEAD, FL 33030 US Certificate of Status Desired: No

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:

	5 5 5					
Officer/Director Detail :						
Title	OTHER, PAST PRESIDENT	Title	S			
Name	MACHIN, PEGGY	Name	SCHNEIDER, MARY			
Address	18710 SW 288 STREET ROOM 117	Address	18710 SW 288 STREET ROOM 117			
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030			
Title	DIRECTOR	Title	DIRECTOR			
Name	BEARD, DOUGLAS	Name	GNAEGY, MICK			
Address	18710 SW 288 STREET ROOM 117	Address	18710 SW 288 STREET ROOM 117			
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030			
Title	DIRECTOR	Title	DIRECTOR			
Name	UZQUIANO, ANA	Name	ALEXANDER, IVONNE			
Address	18710 SW 288 STREET ROOM 117	Address	18710 SW 288 STREET ROOM 117			
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030			
Title	VP	Title	PRESIDENT			
Name	WIGGINS, PAUL BRUCE JR.	Name	RUTZKE, BARNEY JR.			
Address	18710 SW 288 STREET ROOM 117	Address	18710 SW 288 STREET ROOM 117			
City-State-Zip:	HOMESTEAD FL 33030	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: MARY SCHNEIDER

SECRETARY

04/28/2018

Electronic Signature of Signing Officer/Director Detail

FILED Apr 28, 2018 Secretary of State CC7542299961

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	MILLER, DOUGLAS	Name	HITCHCOCK, MICHAEL
Address	18710 SW 288 STREET ROOM 117	Address	18710 SW 288 STREET ROOM 117
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030
Title	TREASURER	Title	DIRECTOR
Name	TARAFA, DENISE	Name	VENDETTA, JOE
Address	18710 SW 288 STREET ROOM 117	Address	18710 SW 288 STREET ROOM 117
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030
Title	DIRECTOR		
Name	PORTUONDO, SYLVIA		
Address	18710 SW 288 STREET ROOM 117		

City-State-Zip: HOMESTEAD FL 33030