

**2020 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 DIRECTOR  
Name GAZIS, ROMINA DR.  
Address 18710 SW 288 STREET  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name VENDRAME, WAGNER DR.  
Address 18710 SW 288 STREET  
City-State-Zip: HOMESTEAD FL 33030

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

Title DIRECTOR  
Name HITCHCOCK, MICHAEL  
Address 18710 SW 288 STREET ROOM 117  
City-State-Zip: HOMESTEAD FL 33030

Title P  
Name GNAEGY, MICHAEL  
Address 18710 SW 288 STREET, ROOM 117  
City-State-Zip: HOMESTEAD FL 33030

Title VP  
Name MACHIN, PEGGY  
Address 18710 SW 288 STREET, ROOM 117  
City-State-Zip: HOMESTEAD FL 33030

Title T  
Name LORAN, SOPHIA  
Address 18710 SW 288 STREET, ROOM 117  
City-State-Zip: HOMESTEAD FL 33030

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

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*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**

**DIRECTOR/OMBUDSMAN 06/24/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR/OMBUDSMAN  
Name SCHNEIDER, MARY  
Address 18710 SW 288 STREET, ROOM 117  
City-State-Zip: HOMESTEAD FL 33030