

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