

2015 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 ROOM 129
HOMESTEAD, FL 33030

Current Mailing Address:

18710 SW 288 STREET ROOM 129
HOMESTEAD, FL 33030

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 PRES
Name DEMOTT, JEFFREY
Address 18710 SW 288 STREET, ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title PP, DIRECTOR
Name HELMS-SHELLEY, JENN
Address 18710 SW 288 STREET, ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title T
Name GREER, LISA
Address 18710 SW 288 STREET, ROOM 38
City-State-Zip: HOMESTEAD FL 33030

Title S
Name ROTOLANTE, BILL
Address 18710 SW 288 STREET, ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title VP
Name SCHNEIDER, MARY
Address 18710 SW 288 STREET, ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title VP, 2
Name HOSANG, KIM
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name GORDON, SYLVIA
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name DE VALLOIS, ANTOINE
Address 18710 SW 288 STREET ROOM 129
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: LISA GREER

TREASURER

03/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PALMATEER, AARON
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name MCMILLAN, ROBERT DR.
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name OLSON, BILL
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name ALEXANDER, IVONNE
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name STEWART, JOHN
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name MACHIN, PEGGY
Address 18710 SW 288 STREET ROOM 129
City-State-Zip: HOMESTEAD FL 33030