

**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

**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:** 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