

**2013 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            ALEXANDER, IVONNE  
Address        18710 SW 288 STREET, ROOM 129  
City-State-Zip: HOMESTEAD FL 33030

Title            PP  
Name            HUMPHRIES, ALLYSON  
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            SPURLING, JANE  
Address        18710 SW 288 STREET, ROOM 129  
City-State-Zip: HOMESTEAD FL 33030

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

*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**

**02/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date