## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004311

**Entity Name: WESTVIEW COMMUNITY ALLIANCE CORPORATION** 

FILED
May 09, 2014
Secretary of State
CC8230823596

**Current Principal Place of Business:** 

13301 NORTHWEST 24TH AVENUE MIAMI. FL 33167

## **Current Mailing Address:**

13301 NORTHWEST 24TH AVENUE MIAMI, FL 33167

FEI Number: 80-0586713 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LENOIR, A.D. REV. 13301 NORTHWEST 24TH AVENUE MIAMI, FL 33167 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 PCF Title VPD

Name LENOIR, A.D. REV. Name MILIEN, ENOCH DR.

Address 13301 NORTHWEST 24TH AVENUE Address 13301 NORTHWEST 24TH AVENUE

City-State-Zip: MIAMI FL 33167 City-State-Zip: MIAMI FL 33167

Title D Title DT

Name JONES, PATTY Name LENOIR, TIFFANY

Address 13301 NORTHWEST 24TH AVENUE Address 13301 NORTHWEST 24TH AVENUE

City-State-Zip: MIAMI FL 33167 City-State-Zip: MIAMI FL 33167

Title S Title DT

Name LENOIR, PATRICIA Name LENOIR, SHEBREECEAY D

Address 13301 NORTHWEST 24TH AVENUE Address 13301 NORTHWEST 24TH AVENUE

City-State-Zip: MIAMI FL 33167 City-State-Zip: MIAMI FL 33167

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: REV. A.D. LENOIR, SR

PCF

05/09/2014