

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005016

**Entity Name:** MIRACLE LEAGUE OF MIAMI-DADE INC.

**Current Principal Place of Business:**

8300 S.W. 164TH TERRACE  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

P.O. BOX 562646  
MIAMI, FL 33256

**FEI Number:** 27-2930117

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STURGE, KARL  
8300 S.W. 164TH TERRACE  
PALMETTO BAY, FL 33157 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:** KARL STURGE

03/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-CHAIRMAN  
Name STURGE, KARL  
Address P.O. BOX 562646  
City-State-Zip: MIAMI FL 33256

Title TREASURER  
Name ROCHA, LYNN  
Address P.O. BOX 562646  
City-State-Zip: MIAMI FL 33256

Title SECRETARY  
Name KACER, KEVIN  
Address P.O. BOX 562646  
City-State-Zip: MIAMI FL 33256

Title CO-CHAIRMAN  
Name ROCHA, RAIMUNDO  
Address P.O. BOX 562646  
City-State-Zip: MIAMI FL 33256

Title DIRECTOR OF FUNDRAISING  
Name ROBINSON, SANDY  
Address P.O. BOX 562646  
City-State-Zip: MIAMI FL 33256

Title DIRECTOR OF BASEBALL  
OPERATIONS  
Name FAIRMAN, KEN  
Address P.O. BOX 562646  
City-State-Zip: MIAMI FL 33256

*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:** LYNN P. ROCHA

**TREASURER**

03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date