

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002593

**Entity Name:** CONNECTIVE FOUNDATION, INC.**Current Principal Place of Business:**227 SW 103 AVE  
MIAMI, FL 33174**Current Mailing Address:**227 SW 103 AVE  
MIAMI, FL 33174**FEI Number:** 45-2792107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VASQUEZ, BETTY D  
227 SW 103 AVE  
MIAMI, FL 33174 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           | P                |
| Name            | VASQUEZ, BETTY D |
| Address         | 227 SW 103 AVE   |
| City-State-Zip: | MIAMI FL 33174   |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | RIVERA, LORENA     |
| Address         | 14203 SW 145 PLACE |
| City-State-Zip: | MIAMI FL 33186     |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | MONTEVERDE, SASKIA       |
| Address         | 10329 SOUTH 185TH STREET |
| City-State-Zip: | BOCA RATON FL 33498      |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | IGLESIAS, MELANIE  |
| Address         | 8627 NW 2ND STREET |
| City-State-Zip: | MIAMI FL 33126     |

|                 |                           |
|-----------------|---------------------------|
| Title           | VD                        |
| Name            | HARTMAN, MEGHAN           |
| Address         | 6800 SW 40 STREET PMB 374 |
| City-State-Zip: | MIAMI FL 33155            |

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | TRIFF, IVAN       |
| Address         | 4300 SHERIDAN AVE |
| City-State-Zip: | MIAMI FL 33140    |

*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:** BETTY VASQUEZ**PRESIDENT****04/07/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date