

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005478

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC2133973017**

**Entity Name:** MIAMI-DADE FOUNDATION FOR EDUCATIONAL INNOVATION, INC

**Current Principal Place of Business:**

1080 LABARON DRIVE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

1080 LABARON DRIVE  
MIAMI SPRINGS, FL 33166

**FEI Number: 45-2690728**

**Certificate of Status Desired: No**

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

BELL, MICHAEL J  
1080 LABARON DRIVE  
MIAMI SPRINGS, FL 33166 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            PRESIDENT  
Name            BELL, MICHAEL  
Address        1717 N. BAYSHORE DRIVE, #2651  
City-State-Zip: MIAMI FL 33132

Title            SECRETARY, DIRECTOR  
Name            GIL, DARLENY  
Address        541 LENAPE DRIVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title            DIRECTOR  
Name            COLEMAN, LINNETTE  
Address        14954 SW 168 TERRACE  
City-State-Zip: MIAMI FL 33187

Title            DIRECTOR  
Name            MYRA, SILVERSTEIN E  
Address        100 ANDALUSIA AVENUE  
                  410  
City-State-Zip: CORAL GABLES FL 33134-6128

*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: MICHAEL BELL**

**PRESIDENT**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date