

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

DOCUMENT# N11000011144

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC7066684032**

**Entity Name:** BIG BROTHERS BIG SISTERS OF MIAMI FOUNDATION, INC.

**Current Principal Place of Business:**

550 NW 42ND AVE  
MIAMI, FL 33126

**Current Mailing Address:**

550 NW 42ND AVE  
MIAMI, FL 33126 US

**FEI Number:** 45-4223565

**Certificate of Status Desired:** No

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

MUNIZ, LYDIA  
550 NW 42ND AVE  
MIAMI, FL 33126 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:** LYDIA MUNIZ

03/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SPILLIS-LUNDEEN, JOY  
Address 150 WEST FLAGLER STREET  
SUITE 2200  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name BEVERIDGE, BRETT  
Address 75 VALENCIA AVENUE  
SUITE 800  
City-State-Zip: MIAMI FL 33134

Title PRESIDENT & CEO  
Name MUNIZ, LYDIA  
Address 701 SW 27TH AVENUE  
SUITE 800  
City-State-Zip: MIAMI FL 33135

Title DIRECTOR  
Name COLL, LINDA  
Address 3655 NW 87TH AVENUE  
10TH FLOOR  
City-State-Zip: MIAMI FL 33178

Title BOARD CHAIR  
Name CRABTREE, BONNIE  
Address 1450 BRICKELL AVENUE  
SUITE 2610  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name GLOTTMANN, JACK  
Address 777 BRICKELL AVENUE  
SUITE 708  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name HICKS, JEFF  
Address 1040 ALFONSO AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title TREASURER  
Name KOHAN, RICHARD  
Address 2 ALHAMBRA PLAZA  
SUITE 1040  
City-State-Zip: CORAL GABLES FL 33134

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*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:** LYDIA MUNIZ

CEO

03/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WOOLWORTH, ERIC  
Address 601 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name KENNEDY, JENNIFER  
Address 5001 HAMMOCK LAKE DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR  
Name WEISS, RICAHARD  
Address 200 E. BROWARD BLVD.  
SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301