

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009245

**FILED**  
**Jan 19, 2023**  
**Secretary of State**  
**1961831838CC**

**Entity Name:** MIAMI-DADE NORTH ARTS & HUMANITIES FOUNDATION, INC.

**Current Principal Place of Business:**

701 BRICKELL AVENUE  
SUITE 3300  
MIAMI, FL 33131

**Current Mailing Address:**

701 BRICKELL AVENUE  
SUITE 3300  
MIAMI, FL 33131 US

**FEI Number:** 46-3941154

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 DIRECTOR, CHAIR  
Name HOLIFIELD, MARILYN J  
Address 701 BRICKELL AVENUE  
SUITE 3300  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR, TREASURER  
Name ANDERSON, SHELDON  
Address 1121 CRANDON BLVD.  
#D-103  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR, SECRETARY  
Name OTTINOT, HANS  
Address C/O OTTINOT LAW, P.A.  
5944 CORAL RIDGE DR PM 201  
City-State-Zip: CORAL SPRINGS FL 33076-3300

Title DIRECTOR  
Name HAYES, MONIQUE  
Address 2875 NE 191 STREET  
SUITE 705  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name ADAMS, NELSON L.  
Address 1098 NE 95 STREET  
City-State-Zip: MIAMI FL 33138

*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:** MARILYN J. HOLIFIELD

**DIRECTOR, CHAIR**

**01/19/2023**

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

\_\_\_\_\_  
Date