

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011152

Entity Name: MIAMI CAROL CITY CLASS OF 70' ALUMNI ASSOCIATION, INC.

FILED
Jan 31, 2022
Secretary of State
7279993953CC

Current Principal Place of Business:

14261 MEMORIAL HIGHWAY
MIAMI, FL 33161

Current Mailing Address:

14261 MEMORIAL HIGHWAY
MIAMI, FL 33161

FEI Number: 47-2731204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, PAUL
14261 MEMORIAL HIGHWAY
MIAMI, FL 33161 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 PD
Name ROBERTS, PAUL
Address 14261 MEMORIAL HIGHWAY
City-State-Zip: MIAMI FL 33161

Title DIRECTOR
Name ROBERT, BURGESS
Address 5011 NW 181 TERRACE
City-State-Zip: MIAMI GARDENS FL 33055

Title SD
Name THOMPSON, TERRY
Address 16140 NW 18 PL.
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR
Name JOHNSON, ALICE L
Address 16233 NW 22 AVE.
City-State-Zip: MIAMI GARDENS FL 33054

Title SAAD
Name THOMPSON, HENRY
Address 16140 NW 18 PL.
City-State-Zip: MIAMI GARDENS FL 33054

Title TREASURER, DIRECTOR
Name MCKAY, ROSE
Address 20610 NW 28 COURT
City-State-Zip: MIAMI GARDENS FL 33056

Title DIRECTOR
Name DENNIS, GLORIA
Address 16311 NW 19 COURT
City-State-Zip: MIAMI GARDENS FL 33054

Title VP, DIRECTOR
Name HART, YVONNE
Address 16000 NW 17 COURT
City-State-Zip: MIAMI GARDENS FL 33054

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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: PAUL ROBERTS

PRESIDENT/DIRECTOR

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENRY, CLARETTA
Address 1720 OPA-LOCKA BLVD
City-State-Zip: OPA-LOCKA FL 33054