

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

DOCUMENT# N14000011263

**Entity Name:** MIAMI DADE CHAPTER - NPHC, INC.

**Current Principal Place of Business:**

451 NE 210 CIRCLE TERRACE  
UNIT 104  
MIAMI, FL 33179

**Current Mailing Address:**

P.O. BOX 420356  
MIAMI, FL 33242 US

**FEI Number:** 47-2528206

**Certificate of Status Desired:** No

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

GIVENS, KEIETTA DR.  
21087 N. W. 22 AVE  
#121  
MIAMI, FL 33056 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:** KEIETTA GIVENS

02/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GIVENS, KEIETTA DR.  
Address 451 NE 210 CIRCLE TERRACE  
#104  
City-State-Zip: MIAMI FL 33179

Title VP  
Name FRANCIS, TYRONE  
Address 4361 SW 160 AVE  
#102  
City-State-Zip: MIRAMAR FL 33027

Title FSEC  
Name WILLIAMS, BRENDA  
Address 16820 N. W. 20TH AVE  
City-State-Zip: MIAMI GARDENS FL 33056

Title TREA  
Name TIMPSON, VENITA B DR.  
Address 415 N. W. 87 ST  
City-State-Zip: EL PORTAL FL 33150

*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:** DR. VENITA TIMPSON

TREASURER

02/02/2023

Electronic Signature of Signing Officer/Director Detail

Date