

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008907

**Entity Name:** BIG BROTHERS BIG SISTERS OF MIAMI INSTITUTE, 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:** 47-5086692

**Certificate of Status Desired:** No

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

NELSON, GALE S  
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:** GALE NELSON

03/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name GELBER, DAN  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title OFFICER  
Name STEINBERG, RICHARD L.  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title OFFICER  
Name STURGES, ROBERT  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title PRESIDENT & CEO  
Name NELSON, GALE S  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name CRABTREE, BONNIE  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name HAVENICK, ALEXANDER  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name KARSON, JACK  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name MACIAS, BERNIE  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

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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:** GALE S. NELSON

PRESIDENT & CEO

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SASLAW, GARY R.  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name SEIGER, CAROL  
Address 550 NW 42ND AVE  
City-State-Zip: MIAMI FL 33126