

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009664

Entity Name: MIAMI BEACH FIREFIGHTERS CHARITY INC.**Current Principal Place of Business:**1532 SW 154TH COURT
MIAMI, FL 33194**Current Mailing Address:**1521 ALTON ROAD., #114
MIAMI BEACH, FL 33139 US**FEI Number:** 47-5241274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILLIPS, KATHLEEN M.
9360 S.W. 72ND STREET
SUITE 283
MIAMI, FL 33173 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	TRD
Name	LAYTON, BRYAN
Address	1521 ALTON ROAD., #114
City-State-Zip:	MIAMI BEACH FL 33139

Title	CD
Name	GARCIA, ADONIS
Address	1521 ALTON ROAD., #114
City-State-Zip:	MIAMI BEACH FL 33139

Title	SD
Name	VIERA, MICHELLE
Address	1521 ALTON ROAD., #114
City-State-Zip:	MIAMI BEACH FL 33139

Title	TD
Name	GARCIA, DAVID
Address	1521 ALTON ROAD., #114
City-State-Zip:	MIAMI BEACH FL 33139

Title	VD
Name	ANDERSON, DAVID
Address	1521 ALTON ROAD., #114
City-State-Zip:	MIAMI BEACH FL 33139

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: DAVID GARCIA**TREASURER****03/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date