

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004862

**Entity Name:** AFTER FOSTER CARE RESOURCE CENTER OF MIAMI INC.

**FILED**  
**May 13, 2018**  
**Secretary of State**  
**CC8405897009**

**Current Principal Place of Business:**

800 NORTH MIAMI AVE  
SUITE EAST 405  
MIAMI, FL 33136

**Current Mailing Address:**

800 NORTH MIAMI AVE  
SUITE EAST 405  
MIAMI, FL 33136

**FEI Number:** 82-1446149

**Certificate of Status Desired:** No

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

GONZALEZ, JOEL  
800 NORTH MIAMI AVE  
SUITE EAST 405  
MIAMI, FL 33136 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 P  
Name GONZALEZ, JOEL R  
Address 800 NORTH MIAMI AVENUE SUITE  
EAST 405  
City-State-Zip: MIAMI FL 33136

Title VP  
Name GONZA MAMANI, INGRID P  
Address 8400 VETERANS PKWY #1014  
City-State-Zip: COLUMBUS GA 31909

Title DIR  
Name GONZALEZ, RAMON L  
Address 129 KANE ST  
City-State-Zip: SPRINGFIELD MA 01119

*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:** JOEL GONZALEZ

**PRESIDENT**

**05/13/2018**

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

\_\_\_\_\_  
Date