

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009172

**Entity Name:** ILA RETIREES BENEVOLENT ASSOCIATION INC.

**Current Principal Place of Business:**

816 N.W. 2ND AVE  
MIAMI, FL 33136

**Current Mailing Address:**

816 N.W. 2ND AVE  
MIAMI, FL 33136

**FEI Number:** 83-1697792

**Certificate of Status Desired:** No

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

COLEMAN, ALBERT JR  
816 N.W. 2ND AVE  
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:** ALBERT COLEMAN

03/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COLEMAN, ALBERT JR  
Address 816 N.W. 2ND AVE  
City-State-Zip: MIAMI FL 33136

Title VPD  
Name ROBINSON, WILLIE E.  
Address 816 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33136

Title OTHER  
Name NEALY, BOBBY  
Address 816 N.W. 2ND AVE  
City-State-Zip: MIAMI FL 33136

Title OTHER  
Name DANIELS, NATHANIEL E.  
Address 816 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name JOHNSON, JESSE E.  
Address 816 NW 2ND AVENUE  
City-State-Zip: MIAMI FL 33136

*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:** ALBERT COLEMAN

PD

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date