

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011264

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**6606570152CC**

**Entity Name:** MARLENE ORTEGA ENDOWMENT FUND INC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
1150  
CORAL GABLES, FL 33134

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
1150  
CORAL GABLES, FL 33134 US

**FEI Number:** 84-2462304

**Certificate of Status Desired:** No

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

APPELROUTH CONSULTING CORP.  
999 PONCE DE LEON BLVD, SUITE 625  
CORAL GABLES, FL 33134 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            PRESIDENT  
Name            FERNANDEZ-MESA, AILEEN  
Address        150 ALHAMBRA CIRCLE  
                  1150  
City-State-Zip: CORAL GABLES FL 33134

Title            PRESIDENT -ELECT  
Name            CAHN, DANA  
Address        150 ALHAMBRA CIRCLE  
                  1150  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            BOHIGAS-NADEPOUR, ADELMIS  
Address        150 ALHAMBRA CIRCLE  
                  1150  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            SOLORZANO, ZOJAIM  
Address        150 ALHAMBRA CIRCLE  
                  1150  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            WHITTLLER, ERICA  
Address        150 ALHAMBRA CIRCLE  
                  1150  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            YOUNG, PATRICIA  
Address        999 PONCE DE LEON BOULEVARD  
                  625  
City-State-Zip: CORAL GABLES FL 33134

*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:** AILEEN FERNANDEZ-MESA

**PRESIDENT**

**01/16/2020**

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

\_\_\_\_\_  
Date