

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25080

FILED
Feb 26, 2016
Secretary of State
CC0501358514

Entity Name: MIAMI-DADE COUNTY SCHOOL BOARD FOUNDATION, INC.

Current Principal Place of Business:

1450 N.E. 2ND AVENUE
SUITE 912
MIAMI, FL 33132-8308

Current Mailing Address:

1450 N.E. 2ND AVENUE
SUITE 615
MIAMI, FL 33132-8308

FEI Number: 65-0093213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARVALHO, ALBERTO M
1450 NE 2 AVENUE
SUITE 912
MIAMI, FL 33132 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 C
Name HANTMAN, PERLA
Address 16181 W. TROON CIRCLE
City-State-Zip: MIAMI LAKES FL 33014

Title D
Name KARP, MARTIN
Address 20021 N.E. 21 AVENUE
City-State-Zip: AVENTURA FL 33179

Title PS
Name CARVALHO, ALBERTO M.
Address 1450 N.E. 2 AVENUE, SUITE 912
City-State-Zip: MIAMI FL 33132

Title VTAS
Name MARTE, JUDITH M.
Address 1290 SW 176 WAY
City-State-Zip: PEMBROKE PINES FL 33029

Title VC
Name BENDROSS-MINDINGALL, DOROTHY
Address 3310 N.W. 80 TERRACE
City-State-Zip: MIAMI FL 33147

Title D
Name CASTILLO, SUSIE V.
Address 10045 N.W. 51 TERRACE
City-State-Zip: DORAL FL 33178

Title D
Name NAVARRO, LUBBY
Address 11840 SW 177 TERRACE
City-State-Zip: MIAMI FL 33177

Title D
Name FELDMAN, LAWRENCE
Address 8601 S.W. 68 COURT
UNIT 2
City-State-Zip: PINECREST FL 33143

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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: LEONARDO FERNANDEZ

TREASURER

02/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HOLLOWAY, WILBERT T.
Address 748 N.W. 204 STREET
City-State-Zip: MIAMI GARDENS FL 33169

Title D
Name REGALADO, RAQUEL A.
Address 1850 S.W. 36 AVENUE
City-State-Zip: MIAMI FL 33145

Title D
Name PÉREZ WURTZ, MARTA
Address 1208 AGUILA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title AS
Name FERNANDEZ, LEONARDO
Address 4671 SW 149 CT.
City-State-Zip: MIAMI FL 33185