

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48662

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC0858932262**

**Entity Name:** VOTER'S COUNCIL OF NORTH MIAMI BEACH, INC.

**Current Principal Place of Business:**

HAZEL CRAWFORD CENTER  
1528 NE 152 STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1535 NE 152 TERR  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 59-2491274

**Certificate of Status Desired:** No

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

JOHNSON, GAIL  
20330 N.E. 2ND AVENUE, #6  
MIAMI, FL 33179 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	JOHNSON, GAIL
Address	20330 NE 2ND AVENUE, #6
City-State-Zip:	MIAMI FL 33179
Title	VP
Name	KNIGHT, REGINA
Address	16121 NE 18TH PL, #1
City-State-Zip:	NORTH MIAMI BEACH FL 33162
Title	T
Name	JACKSON, YVONNE
Address	1535 NE 152 TERRACE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	VP
Name	HALL, LORENZO
Address	1581 NE 151 TERRACE
City-State-Zip:	NORTH MIAMI BEACH FL 33162
Title	S
Name	WILLIS, MAMIE
Address	1417 NE 151 TERRACE
City-State-Zip:	NORTH MIAMI BEACH FL 33162
Title	FS
Name	PHILLIPS, HELEN
Address	1470 NE 151 TERRACE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

*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:** GAIL JOHNSON

P

04/04/2016

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

\_\_\_\_\_  
Date