

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003134

Entity Name: MIAMI SUPPORTIVE HOUSING CORPORATION**Current Principal Place of Business:**1603 NW 7 AVENUE
MIAMI, FL 33136**Current Mailing Address:**1603 NW 7 AVENUE
MIAMI, FL 33136 US**FEI Number:** 65-0439400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FITZGERALD, J PATRICK ESQ.
J. PATRICK FITZGERALD & ASSOCIATES, P.A.
110 MERRICK WAY, SUITE 3-B
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:** J PATRICK FITZGERALD, ESQ.

03/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-----------------------------|-----------------|---------------------------|
| Title | P | Title | T |
| Name | FERNANDEZ, HILDA M | Name | OMANE-ACHAMFOUR, BISMARCK |
| Address | 1603 NW 7 AVENUE | Address | 1603 NW 7 AVENUE |
| City-State-Zip: | MIAMI FL 33136 | City-State-Zip: | MIAMI FL 33136 |
| Title | SVP, OPERATIONS & MARKETING | Title | S |
| Name | GIL, SAM | Name | HILL, THOMAS |
| Address | 1603 NW 7 AVENUE | Address | 901 BROTHER MATHIAS PLACE |
| City-State-Zip: | MIAMI FL 33136 | City-State-Zip: | ALBUQUERQUE NM 87103 |

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: HILDA M FERNANDEZ

P

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date