

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1600000216

**Entity Name:** LIVE: LEAD, INNOVATE, VOLUNTEER & EMPOWER, INC.

**Current Principal Place of Business:**

11401 SW 88TH AVENUE  
MIAMI, FL 33176

**Current Mailing Address:**

304 PALERMO AVENUE  
CORAL GABLES , FL 33134 US

**FEI Number: 81-1106219**

**Certificate of Status Desired: No**

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

BOURDEAU, KATHRYN BLANCO  
8960 SW 114 STREET  
MIAMI, FL 33176 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: KATHRYN BLANCO BOURDEAU**

**01/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BOURDEAU, KATHRYN BLANCO  
Address 8900 SW 124TH STREET  
City-State-Zip: MIAMI FL 33176

Title TREASURER  
Name BARBEITO, DAVID CPA  
Address 304 PALERMO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIR-ELECT, VICE CHAIR FOR EVENTS  
Name VEGA, GUSTAVO  
Address 11401 SW 88TH AVENUE  
City-State-Zip: MIAMI FL 33176

Title VICE CHAIR FOR COMMUNICATIONS  
Name HERNANDEZ, RAUL  
Address 8858 SW 62ND TERRACE  
City-State-Zip: MIAMI FL 33173

Title VICE CHAIR FOR MEMBERSHIP  
Name ELLIOTT, MATTHEW  
Address 350 GRAPETREE DR. #412  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name RODRIGUEZ, AIDA  
Address 13940 OLD CUTLER ROAD  
City-State-Zip: PALMETTO BAY FL 33158

Title DIRECTOR  
Name PENA, HUMBERTO  
Address 8270 SW 117 TERRACE  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name BOURDEAU, MATTHEW P  
Address 8960 SW 114 STREET  
City-State-Zip: MIAMI FL 33176-5137

**Continues on page 2**

*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: KATHRYN BOURDEAU**

**CHAIRMAN**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PUJOL, MICHAEL  
Address        11401 SW 88 AVE  
City-State-Zip: MIAMI FL 33176