

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

SUPERVISOR OF ELECTIONS  
2019 JUL 29 PM 3:57

## 1. Full Name of Committee

Resiliency Coalition

Telephone

954-966-4435

Mailing Address (include city, state and zip code)

3816 Hollywood Blvd, Suite 203, Hollywood, FL 33021

Street Address (include city, state and zip code)

3816 Hollywood Blvd, Suite 203, Hollywood, FL 33021

## 2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

## 3. Area, Scope and Jurisdiction of the Committee

Miami-Dade, Broward, Palm Beach Counties. This Organization will support local issues

## 4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

The education of voters on local issues such as community policing and safe streets.

## 5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Roderick Harvey, CPA, CVA	3816 Hollywood Blvd., Suite 203 Hollywood, FL 33021	

**6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)**

Full Name	Mailing Address	Committee Title or Position
To be determined at a later time.		

**7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)**

Full Name	Mailing Address	Office Sought	Party
To be determined at a later time.			

**8. List Any Issues this Committee is Supporting:** Local Crime/Community Involvement/Small Business Development  
**List Any Issues this Committee is Opposing:** To be determined at a later time.

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**  
 None / To be determined at a later time.

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	450 North Park Road Hollywood, FL 33021

**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF Florida Broward COUNTY

I, Roderick Harvey, certify that the information in this Statement of Organization is complete, true and correct.

**X**  Signature of Chairman of Political Committee 7/20/19 Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

2019 JUL 29 PM 3:57  
BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

*Mailed 7/1/19*

**CHECK APPROPRIATE BOX:**

Initial Filing for:  Primary Treasurer  Deputy Treasurer

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

**OFFICE USE ONLY**

1. Committee <i>Resiliency Coalition</i>		2. Telephone <i>(954) 966-4435</i>	
3. Name of Treasurer or Deputy Treasurer <i>Roderick Harvey</i>		4. Email (optional)	
5. Telephone (optional) <i>(954) 966-4435</i>		6. Mailing Address <i>3816 Hollywood Blvd, Ste. 203, Hollywood, FL 33021</i>	
7. Street Address <i>Same</i>			
8. The following bank has been designated as the		<input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
9. Name of Bank <i>Regions Bank</i>		10. Street Address <i>450 Norma Park Road</i>	
11. City <i>Hollywood</i>		12. State <i>FL</i>	13. Zip Code <i>33021</i>
14. Signature of Chairman <i>X [Signature]</i>		15. Name of Chairman (Print or Type) <i>Roderick HARVEY</i>	

**Campaign Treasurer's Acceptance of Appointment**

I, *Roderick Harvey*, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for *Resiliency Coalition*  
(Committee)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

*7/1/2019* Date *X [Signature]* Signature of Campaign Treasurer or Deputy Treasurer



**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

2019 JUL 29 PM 3:57

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

*Mailed 7/1/19*

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name <i>Roderick Harvey</i>		Telephone <i>954-966-4435</i>
Street Address <i>3816 Hollywood Blvd, Ste 203</i>		
City <i>Hollywood</i>	State <i>FL</i>	Zip Code <i>33021</i>
Mailing Address <i>Same as Above</i>		
City	State	Zip Code

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

*[Signature]*

*7/1/2019*

Signature of Registered Agent

Date

**Former Registered Agent and Office Information (for changes only)**

Name <i>N/A</i>		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization <i>Resiliency Coalition</i>		
Street Address <i>3816 Hollywood Blvd, Ste 203</i>		Telephone <i>954-966-4435</i>
City <i>Hollywood</i>	State <i>FL</i>	Zip Code <i>33021</i>

*[Signature]*

Signature of Chairperson

*Roderick Harvey*

*7/1/2019*

Printed Name of Chairperson

Date