

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee
NORTH-CENTRAL ACTION COMMITTEE

Telephone
(786) 468-1579

Mailing Address (include city, state and zip code)
854 NW 204TH STREET
MIAMI, FL 33169

Street Address (include city, state and zip code)
854 NW 204TH STREET
MIAMI, FL 33169

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

CIVIC EDUCATION, CONSTITUENT ADVOCACY, AND VOTER REGISTRATION DRIVES

Miami Dade County

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

COMMUNITY EDUCATION

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
LENWORTH JOHNSON	3600 S. STATE RD 7, SUITE 38 MIRAMAR, FL 33023-5288	TREASURER

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
NONE		2022 OCT 14 AM 10:36 MIAMI DADE COUNTY ELECTIONS DEPARTMENT

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
NONE			

8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

NONE

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

501(C)(3) ARE COMMONLY REFERRED TO AS CHARITABLE ORGANIZATIONS

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

Name of Bank or Depository & Account Number	Mailing Address
WELLS FARGO BANK 53946258	641 NW 62nd STREET MIAMI, FL 33150

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
NONE			

STATE OF FLORIDA MIAMI-DADE COUNTY

I, DR. SOREL JACQUES, certify that the information in this Statement of

Organization is complete, true and correct.

X

Sorel Jacques
Signature of Chairman of Political Committee

10/12/2022
Date

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

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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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

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1. Committee
NORTH-CENTRAL ACTION COMMITTEE

2. Telephone
(786)468-1579

3. Name of Treasurer or Deputy Treasurer
LENWORTH JOHNSON

4. Email (optional)
LNJ@accountant.com

5. Telephone (optional)

6. Mailing Address
3600 S. STATE RD 7, SUITE 38 MIRAMAR, FL 33023

7. Street Address
3600 S. STATE RD 7, SUITE 38 MIRAMAR, FL 33023

8. The following bank has been designated as the **Primary Depository** **Secondary Depository**

9. Name of Bank
WELLS FARGO BANK

10. Street Address
641 NW 62ND STREET

11. City
MIAMI

12. State
FLORIDA

13. Zip Code
33150

14. Signature of Chairman

X *[Signature]*

15. Name of Chairman (Print or Type)

DR. SOREL JACQUES

Campaign Treasurer's Acceptance of Appointment

I, LENWORTH JOHNSON, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for NORTH-CENTRAL ACTION COMMITTEE
(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.**

10/11/2022

Date

X

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer

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

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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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

1. Committee
NORTH-CENTRAL ACTION COMMITTEE

2. Telephone
(786)468-1579

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)

DR. SOREL JACQUES *PEROS04@yulko.com* ()

5. Telephone (optional)

6. Mailing Address
3600 S. STATE RD 7, SUITE 38 MIRAMAR, FL 33023

7. Street Address
3600 S. STATE RD 7, SUITE 38 MIRAMAR, FL 33023

8. The following bank has been designated as the **Primary Depository** **Secondary Depository**

9. Name of Bank
WELLS FARGO BANK

10. Street Address
641 NW 62ND STREET

11. City
MIAMI

12. State
FLORIDA

13. Zip Code
33150

14. Signature of Chairman

X *Sorel Jacques*

15. Name of Chairman (Print or Type)

DR. SOREL JACQUES

Campaign Treasurer's Acceptance of Appointment

I, DR. SOREL JACQUES, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for NORTH-CENTRAL ACTION COMMITTEE
(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.**

10/11/2022
Date

X *Sorel Jacques*
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

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

Registered Agent and Office Information

Name
JOHNSON & ASSOCIATES ACCOUNTING LLC Telephone

Street Address
3600 S. STATE RD 7, SUITE 38

City State Zip Code
MIRAMAR FLORIDA 33023

Mailing Address
3600 S. STATE RD 7, SUITE 38

City State Zip Code
MIRAMAR FLORIDA 33023

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.



10/11/2022

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

Name of Committee or Organization
NORTH-CENTRAL ACTION COMMITTEE

Street Address Telephone
854 NW 204TH STREET (786) 468-1579

City State Zip Code
MIAMI FLORIDA 33169


Signature of Chairperson

DR. SOREL JACQUES

Printed Name of Chairperson

10/12/2022
Date



Access to Handbook and the Election Laws of the State of Florida

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ELECTIONS DEPARTMENT

Candidate/Chairperson:

SOREL

JACQUES

First Name

Middle Name

Last Name

NORTH-CENTRAL ACTION COMMITTEE

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

Candidate Qualifying Handbook
(<https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook
(<https://www.miamidade.gov/global/elections/political-committee-resources.page>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: 
Candidate / Chairperson Signature

Date: 10/11/2022

Primary Telephone Number: (305) 360-6833

Alternate Telephone Number: _____

E-mail address: leros04@yahoo.com

**Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirement**



Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: NORTH-CENTRAL ACTION COMMITTEE

Party Executive Committee: _____

Other: _____

I, DR. SOREL JACQUES

(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report ([MD-ED 26](#)) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties ([MD-ED 28](#)) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity ([MD-ED 19](#)) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.


Signature of Candidate or Chairperson

10/12/2022
Date

Day Time Telephone Number: (305) 360-6833

Alternate Contact Number: _____

Email Address: LEROS04@YAHOO.COM

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

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