

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007546	
1. Entity Name MIAMI NORTHWESTERN CLASS OF 1967, INC.	

Principal Place of Business 991 NW 143RD STREET MIAMI, FL 33168	Mailing Address 991 NW 143RD STREET MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0006927	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMILEY, THERESA
991 NW 143RD STREET
MIAMI, FL 33168**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000881993
04/16/08-80023-005 70:00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLERSON, LUCILLE 991 NW 143RD STREET MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COPELAND, GLORIA 991 NW 143RD STREET MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, PRISCILLA 991 NW 143RD STREET MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Priscilla Johnson 04-01-08 305 496-2438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #