

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

DOCUMENT# N21000014640

**Entity Name:** MIAMI NORTHWESTERN CLASS OF 1974 ALUMNI, INC.

**Current Principal Place of Business:**

15843 N.W. 11 STREET  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

P.O. BOX 820896  
PEMBROKE PINES, FL 33082 US

**FEI Number: 88-1679949**

**Certificate of Status Desired: Yes**

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

MCCULLOUGH, CRISTY  
2350 REEFVIEW LOOP  
APOPKA, FL 32712 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SPANN, JAMES E JR.  
Address 1021 SW 87 WAY  
City-State-Zip: PEMBROKE PINES FL 33025

Title VP  
Name FORTUNE, YVES  
Address 830 N.E. 91 TERRACE  
City-State-Zip: MIAMI SHORES FL 33138

Title VP  
Name FIELDS, EDWARD  
Address 830 SPRINGHILL LANE  
City-State-Zip: FRANKFURT KY 40601

Title S  
Name MCCULLOUGH, CRISTY  
Address 2350 REEFVIEW LOOP  
City-State-Zip: APOPKA FL 32712

Title T  
Name NAIRN-HOLDER, SUSAN  
Address 15843 N.W. 11 STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title S  
Name WILLIAMS, THEOPHILUS  
Address 106 GRAVES ROAD  
City-State-Zip: FAYETTEVILLE GA 30214

*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: CRISTY MCCULLOUGH**

**SECRETARY**

**02/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date