


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003033 1. Entity Name MIAMI NORTHWESTERN CLASS OF 1966, INCORPORATED	
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Principal Place of Business 17125 NW 37TH COURT OPA LOCKA, FL 33055	Mailing Address 17125 NW 37TH COURT OPA LOCKA, FL 33055
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 71-0946261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INNISS, WILLIE MAE 17220 NW 64TH AVE. APT. #209 MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000066738 02/26/04-80028-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARGENT, CHARLES E 17125 NW 37 CT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, GWENDOLYN J 18830 NW 48 CT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARGENT, GEORGETTE 17125 NW 37 CT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOWERS, DWIGHT 9621 DUNHILL DR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Georgette M. Sargent</u> GEORGETTE M. SARGENT <u>2/19/04</u> <u>305-899-3490</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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