


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90176 036 ****70.00

DOCUMENT # N01000003033 1. Entity Name MIAMI NORTHWESTERN CLASS OF 1966, INCORPORATED					
Principal Place of Business 17125 NW 37TH COURT OPA LOCKA, FL 33055				Mailing Address 17125 NW 37TH COURT OPA LOCKA, FL 33055	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 71-0946261	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INNISS, WILLIE MAE 17220 NW 64TH AVE. APT. #209 MIAMI, FL 33015				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P SARGENT, CHARLES E <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	17125 NW 37 CT		NAME		
STREET ADDRESS	MIAMI, FL 33055		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V CAMPBELL, GWENDOLYN J <input checked="" type="checkbox"/> Delete		TITLE	V KING, KENNETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	18830 NW 48 CT		NAME	110 NE 128 ST	
STREET ADDRESS	MIAMI, FL 33055		STREET ADDRESS	NORTH MIAMI, FL 33161	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S SARGENT, GEORGETTE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	17125 NW 37 CT		NAME		
STREET ADDRESS	MIAMI, FL 33055		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T FLOWERS, DWIGHT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9621 DUNHILL DR		NAME		
STREET ADDRESS	MIRAMAR, FL 33025		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Sargent</u> GEORGETTE SARGENT - SECRETARY April 14, 2005 305-899-3490 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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