

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003033

FILED
May 01, 2007
Secretary of State

Entity Name: MIAMI NORTHWESTERN CLASS OF 1966, INCORPORATED

Current Principal Place of Business:

17125 NW 37TH COURT
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

17125 NW 37TH COURT
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 71-0946261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

INNISS, WILLIE MAE
17220 NW 64TH AVE.
APT. #209
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SARGENT, CHARLES E
Address: 17125 NW 37 CT
City-St-Zip: MIAMI, FL 33055

Title: V () Delete
Name: KING, KENNETH
Address: 110 NE 128 ST
City-St-Zip: NORTH MIAMI, FL 33161

Title: S () Delete
Name: SARGENT, GEORGETTE
Address: 17125 NW 37 CT
City-St-Zip: MIAMI, FL 33055

Title: T () Delete
Name: FLOWERS, DWIGHT
Address: 9621 DUNHILL DR
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGETTE SARGENT

S

05/01/2007

Electronic Signature of Signing Officer or Director

Date