


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005150	
1. Entity Name BOOKER T. WASHINGTON CLASS OF 1965, INC.	

Principal Place of Business BOOKER T. WASHINGTON SENIOR HIGH SCHOOL 1200 N. W. 6TH AVENUE MIAMI, FL 33136	Mailing Address P.O. BOX 693481 MIAMI, FL 33269-0481
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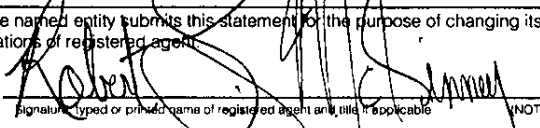
04262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0562962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCKINNEY, ROBERT L PA 1611 NW 14TH AVENUE MIAMI, FL 33125

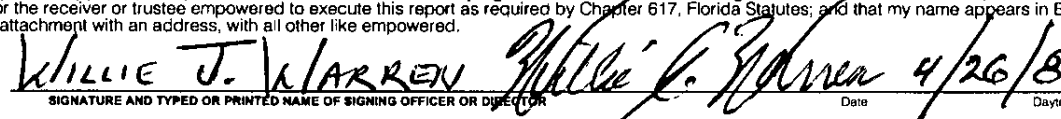
**DO NOT WRITE
IN THIS SPACE**

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  PA	DATE 4/26/08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000925506 05/20/08-80028-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RALIEGH, SCOTT P O BOX 80432 FORT MYERS, FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARREN, WILLIE J 15714 N W 7TH AVENUE # E MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, HAROLD 17210 NW 45TH CRT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, NANCY 1368 NW 71ST ST MIAMI, FL 33147
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 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:  4/26/08	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #