


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90001 016 ****70.00

DOCUMENT # N03000004963					
1. Entity Name THE MIAMI CHAPTER, TUSKEGEE AIRMEN, INC.					
Principal Place of Business 450 N.W. 87TH RD APT #103 PLANTATION, FL 33324-6585			Mailing Address PO BOX 22246 FT. LAUDERDALE, FL 33335-2246		
2. Principal Place of Business 9061 SW 144 ST			3. Mailing Address PO Box 172072		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State HIALEAH, FL		
Zip 33176-7112			Zip 33017-2072		
Country Miami-Dade			Country Miami-Dade		
4. FEI Number 58-2674239			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75			Additional Fee Required		
6. Name and Address of Current Registered Agent GAY, JOHN M 450 N.W. 87TH RD APT #103 PLANTATION, FL 33324-6585			7. Name and Address of New Registered Agent Name: John W. Spencer Street Address (P.O. Box Number is Not Acceptable): 10734 SW 174 Ter City: MIAMI FL Zip Code: 33157-4164		
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 JOHN W. SPENCER <i>JOHN W. SPENCER</i> <i>John W. Spencer</i> 8/20/06 <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 September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP HENRY, PIERRE W 20350 BELAIRE DRIVE MIAMI, FL 331891416 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Williams, Eldridge F. Eldridge F. Williams 9061 SW 144 St Miami, FL 33176-7112		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP RICHARDS, FREDERICK JR 3615 NE 207 STREET, # 3114 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1VP RICHARDS, Frederick F 3615 NE 207 St, Apt 3114 Aventura, FL 33180-3814		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPENCER, JOHN W 10734 S.W. 174TH TERRACE MIAMI, FL 331574164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 <input type="checkbox"/> Change <input type="checkbox"/> Addition Financial Secretary Spencer, John W. 10734 SW 174 Ter Miami, FL 33157-4164		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAY, JOHN M 450 NW 87TH RD APT #103 PLANTATION, FL 333246585 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Recording Secretary Young, Loretta 10101 Sunrise Lake Blvd, #407 SUNRISE, FL 33322		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAYS, DIANNE L 4666 SW 45TH TERRACE FT. LAUDERDALE, FL 333144751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Dotson, Albert E 17901 SW 78 Ave Palmetto Bay, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BO YOUNG, LORETTA 10101 SUNRISE LAKES BLVD, # 407 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Business Officer BAYS DIANNE L 4666 SW 45TH TER FT. LAUDERDALE, FL 33314-4751		
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 <i>John W. Spencer</i> JOHN W. SPENCER <i>FINANCIAL SECRETARY</i> 8/20/06 (305) 253-2091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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