

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90220 036 ****70.00

DOCUMENT # N03000004963

1. Entity Name
 THE MIAMI CHAPTER, TUSKEGEE AIRMEN, INC.



Principal Place of Business
 9061 SW 144TH ST.
 MIAMI, FL 33176

Mailing Address
 PO BOX 172072
 HIALEAH, FL 33017

DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2674239	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPENCER, JOHN
 10734 SW 174TH TERR.
 MIAMI, FL 33157

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP RICHARDS, FREDERICK JR 3615 NE 207 STREET, # 3114 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER, JOHN W 10734 S.W. 174TH TERRACE MIAMI, FL 331574164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF BAYS, DIANNE L 4666 SW 45TH TERRACE FT. LAUDERDALE, FL 333144751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, LORETTA 10101 SUNRISE LAKES BLVD, # 407 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *John W. Spencer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/23/2007 (305) 253-2091