


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

08 JUN -3 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004963 1. Entity Name THE MIAMI CHAPTER, TUSKEGEE AIRMEN, INC.	
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Principal Place of Business 9061 SW 144TH ST. MIAMI, FL 33176	Mailing Address PO BOX 172072 HIALEAH, FL 33017
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04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2674239	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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: *John W. Spencer*
JOHN W. SPENCER, FINANCIAL SECRETARY DATE: 5/28/08

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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 3815 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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**DO NOT WRITE
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: *John W. Spencer*
JOHN W. SPENCER, FINANCIAL SECRETARY DATE: 5/28/08 (305) 253-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR