

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90382 006 ****61.25

DOCUMENT # N03000005449

1. Entity Name

B.T.W. CLASS OF 1957 FOUNDATION, INC.



Principal Place of Business

16120 SW 107TH PLACE
MIAMI FL 33157

Mailing Address

16120 SW 107TH PLACE
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1194376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, DAVID II
10200 SW 140 STREET
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GLOVER, JOHN ☐ Delete
STREET ADDRESS 12735 STONEBROOK DRIVE
CITY-ST-ZIP DAVIE FL 33330

TITLE TD
NAME MATHIS, DELORES ☐ Delete
STREET ADDRESS 3430 NW 95TH STREET
CITY-ST-ZIP MIAMI FL 33147

TITLE SD
NAME MICKEY, CARRIE BRYANT ☐ Delete
STREET ADDRESS 16120 SW 107TH PLACE
CITY-ST-ZIP MIAMI FL 33157

TITLE D
NAME ROBINSON, DAVID II ☐ Delete
STREET ADDRESS 10200 SW 140TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT/CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE GENERAL COUNSEL ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ASSISTANT TREASURER/D ☐ Change ☒ Addition
NAME PERKINS, WALTER
STREET ADDRESS 8015 N.W. 21 AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Glover / JOHN GLOVER

APRIL 16, 2004 954-473-0521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #