2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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	AHUMAN	1									
DOCUMENT # N0300005449 1. Entity Name							FILE			~	
B.T.W. CLASS OF 1957 FOUNDATION, INC.						05	MAR 24 F				
Principal Place of Business Mailing Address					-						
16120 SW 107TH PLACE 16120 SW 107TH PLACE MIAMI FL 33157 MIAMI FL 33157			E			SEC TAL	RETARY OF LAHASSEE,	FLORIDA	4		
Principal Place of Business 3. Mailing Address											
Suite, Apt.	. #, A.ć.	Suite, Apt. #, etc.				1st MOORE CR2E037 (10/04)					
City & Sta	te	City & State 1				4. FEI Number	65-1194376			plied For t Applicable	
Zip	Country 6. Name and Address of Current	Country Zip		ntry		5. Certificate of S		Fe	3.75 Addl e Required		
		7. Name and Address of New Registered Agent Name									
ROBINSON, DAVID II 10200 SW 140 STREET				Street Address (P.O. Box Number is Not Acceptable)							
							· its in the contract of				
~ ;	-	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. Lam familiar with, and accept the obligations of registered agent. 3.01049027603 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam 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 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida: Department of State											
10.	OFFICERS AND D		11.	****	,	ADDITIONS/CHANG	SES TO OFFICER				
NAME STREET ADDRESS CITY-S1-ZIP	GLOVER, JOHN 12735 STONEBROOK DRIVE DAVIE FL 33330			i address S1-zip		300049027603 Change Addition 100049027603 **0.25					
TITLE	TD	Delete	TITLE		_, ~	REASURE	R		Change	☐ Addition	
NAME -	MATHIS, DELORES	MATHIS, DELORES		4)	14 m	VALTER 3015 N.W.	PERKINS	_	_ ,	_	
STREET ADDRESS CITY-ST-ZIP	3430 NW 95TH STREET MIAMI FL 33147		1	T ADDRESS ST-ZIP	,	MIAMI FL	33147	e.			
TITLE	SD	■ Delete	TITLE	5/		ECRETAR			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	MICKEY, CARRIE BRYANT 16120 SW 107TH PLACE MIAMI FL 33157			T ADDRESS ST-ZIP	1	ERNELLA 380 N. W NIAMI,	1. 965h	cet			
TITLE	GC	☐ Delete	TITLE		r	VIZA NII,	re Jan		Change	Addition	
NAME STREET ADDRESS			NAME STREE	1 ADDRESS							
CITY-ST-ZIP	MIAMI FL		1	ST-ZIP		SSISTANT	TREASI	MERR	Chann	Addition	
NAME	PERKINS, WALTER	Delete .	TITLE	,	6	ELORES	MATH	115	⊴ ∩iange	Addition	
STREET ADDRESS CITY-ST-ZIP	8015 NW 21 AVENUE MIAMI FL 33147			T ADDRESS St-zip	1	ELORES 430 N.W MAMI,	アニ・ 33	147			
TITLE NAME	VICE PRESIDENT CARRIE BRYANT	T MICKEY SOM AUT	TITLE	~ 7	7	155157ANT TUANITA E	MANIS	「ALY [> V	Change	4 Addition	
STREET ADDRESS 16120 SW 107 Place CITY-ST-ZIP MOI AMI FL. 33157				T ADDRESS ST-ZIP	9	2 mbroke D	99 Ter ines, FL	ace -1 330	29		
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: Wand Robinson, I DAVID ROBINSON, II Much 16,2005 232.9446											
5.3.17	SIGNATURE: Date Date Dayline Phone #										