


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90010 027 ****61.25

DOCUMENT # N03000005449	
1. Entity Name	
B.T.W. CLASS OF 1957 FOUNDATION, INC.	

Principal Place of Business	Mailing Address
16120 SW 107TH PLACE MIAMI FL 33157	10200 SW 140 ST MIAMI FL 33176

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number		Applied For
65-1194376		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent	
ROBINSON, DAVID II 10200 SW 140 STREET MIAMI FL 33176	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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	
TITLE	PCOE <input type="checkbox"/> Delete
NAME	GLOVER, JOHN
STREET ADDRESS	12735 STONEBROOK DRIVE
CITY-ST-ZIP	DAVIE FL 33330
TITLE	AT <input type="checkbox"/> Delete
NAME	MATHIS, DELORES
STREET ADDRESS	3488 NW 93RD STREET 5300 Cleveland St
CITY-ST-ZIP	MIAMI FL 33157 HOLLYWOOD, FL 33021
TITLE	VP <input type="checkbox"/> Delete
NAME	MICKEY, CARRIE BRYANT
STREET ADDRESS	16120 SW 107TH PLACE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	GC <input type="checkbox"/> Delete
NAME	ROBINSON, DAVID II
STREET ADDRESS	10200 SW 140TH STREET
CITY-ST-ZIP	MIAMI FL 33176
TITLE	T <input type="checkbox"/> Delete
NAME	PERKINS, WALTER
STREET ADDRESS	8015 NW 21 AVENUE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	BURKE, PERNELLA
STREET ADDRESS	1380 NW 96 STREET
CITY-ST-ZIP	MIAMI FL 33147

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSISTANT SECRETARY
STREET ADDRESS	JUANITA MADISON
CITY-ST-ZIP	930 NW 199 TERMALE
	PEMBROKE PINES, FL 33029
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIS POSITION IS VACANT
STREET ADDRESS	at this time
CITY-ST-ZIP	(amended to follow upon election)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David Robinson II, General Counsel APRIL 22, 2008 232.9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR