

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005449

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** B.T.W. CLASS OF 1957 FOUNDATION, INC.

**Current Principal Place of Business:**

8015 N.W. 21 AVENUE  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

10200 SW 140 ST  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 65-1194376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, DAVID II  
10200 SW 140 STREET  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: GLOVER, JOHN  
Address: 12735 STONEBROOK DRIVE  
City-St-Zip: DAVIE, FL 33330

Title: AT  
Name: MATHIS, DELORES  
Address: 5300 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: MICKEY, CARRIE BRYANT  
Address: 16120 SW 107TH PLACE  
City-St-Zip: MIAMI, FL 33157

Title: GC  
Name: ROBINSON, DAVID II  
Address: 10200 SW 140TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: T  
Name: PERKINS, WALTER  
Address: 8015 NW 21 AVENUE  
City-St-Zip: MIAMI, FL 33147

Title: S  
Name: ALVIN, EDITH  
Address: 285 N.W. 51 STREET  
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN GLOVER

PCEO

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date