

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009113

FILED
Jan 28, 2007
Secretary of State

Entity Name: NEWTOWN CLASS OF 1973, INC.

Current Principal Place of Business:

P.O. BOX 4023
SARASOTA, FL 34230

New Principal Place of Business:

1390 24TH STREET
SARASOTA, FL 34234

Current Mailing Address:

P.O. BOX 4023
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 43-2032123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, HOWARD
1920 COCOANUT AVE
SARASOTA, FL 34234 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: P () Delete
Name: DIXON, HOWARD
Address: 1920 COCOANUT AVE
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: BROWN, ROBERT
Address: 1390 24TH ST
City-St-Zip: SARASOTA, FL 34234

Title: V () Delete
Name: BROOKINS, LONNIE
Address: 7340 LINDEN LANE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT BROWN

TREA

01/28/2007

Electronic Signature of Signing Officer or Director

Date