

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000002855

1. Entity Name

MIAMI EDISON CLASS OF 1954, INC.



Principal Place of Business

934 N.E. 91 TERRACE
MIAMI SHORES, FL 33138

Mailing Address

934 N.E. 91 TERRACE
MIAMI SHORES, FL 33138



01162006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number

34-1989378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOKESBERRY, JOHN
934 N.E. 91 TERRACE
MIAMI SHORES, FL 33138

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOKESBERRY, JOHN
STREET ADDRESS	934 N.E. 91 TERRACE
CITY-ST-ZIP	MIAMI SHORE, FL 33138
TITLE	D
NAME	BLOOD, ROBERT
STREET ADDRESS	29308 PRINCEVILLE DRIVE
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	D
NAME	CAMPOS, ELIZABETH W
STREET ADDRESS	2542 LAKE ELLEN CIRCLE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	DARDEN, MARSHALL
STREET ADDRESS	3680 SAINT GAUDENS DRIVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	WESTBROOK, PAUL
STREET ADDRESS	10000 US 98 NORTH, #843
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80025-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 L Stokesberry **JOHN STOKESBERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

305-758-8549

Daytime Phone #