


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 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
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01222007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 34-1989378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKESBERRY, JOHN 934 N.E. 91 TERRACE MIAMI SHORE, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOD, ROBERT 29308 PRINCEVILLE DRIVE SAN ANTONIO, FL 33578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS, ELIZABETH W 2542 LAKE ELLEN CIRCLE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARDEN, MARSHALL 3680 SAINT GAUDENS DRIVE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTBROOK, PAUL 10000 US 98 NORTH, #843 LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 L. Stokesberry** **1/22/07 (305) 758-8549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #