

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002855

FILED
Apr 13, 2009
Secretary of State

Entity Name: MIAMI EDISON CLASS OF 1954, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 34-1989378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKESBERRY, JOHN
934 N.E. 91 TERRACE
MIAMI SHORES, FL 33138 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: D () Delete
Name: STOKESBERRY, JOHN
Address: 934 N.E. 91 TERRACE
City-St-Zip: MIAMI SHORE, FL 33138

Title: D () Delete
Name: BLOOD, ROBERT
Address: 29308 PRINCEVILLE DRIVE
City-St-Zip: SAN ANTONIO, FL 33576

Title: D () Delete
Name: CAMPOS, ELIZABETH W
Address: 2542 LAKE ELLEN CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DARDEN, MARSHALL
Address: 3680 SAINT GAUDENS DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: WESTBROOK, PAUL
Address: 10000 US 98 NORTH, #843
City-St-Zip: LAKELAND, FL 33809

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:

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 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: JOHN STOKESBERRY

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date