

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008660

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** MASTERMIND EMPOWERMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

6600 NW 27TH AVE  
208  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

6600 NW 27TH AVE  
208  
MIAMI, FL 33147 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MCNEILL, ANN  
6600 NW 27TH AVE  
208  
MIAMI, FL 33147 US

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: PD ( ) Delete  
Name: MCNEILL, ANN  
Address: 19201 E OAKMONT DR  
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: VPD ( ) Delete  
Name: THOMAS, NIFRETTA  
Address: 1499 NW 74TH ST  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: MITCHELL-DAWSEY, JUANITA  
Address: 8021 NE 7TH AVE  
City-St-Zip: MIAMI, FL 33138

Title: TD ( ) Delete  
Name: LEWIS, YOLANDA  
Address: 3921 SW 186TH AVE  
City-St-Zip: MIRAMAR, FL 33029

**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:

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: ANN MCNEILL

PD

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date