

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011820

FILED  
May 16, 2006  
Secretary of State

**Entity Name:** BROWNSVILLE REVOLUTION COMMUNITY LAND TRUST OF MIAMI, INC.

**Current Principal Place of Business:**

4520 NW 27TH AVENUE  
SUITE 3  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

4520 NW 27TH AVENUE  
SUITE 3  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 20-3836245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BLACK, ROBERT J  
901 PONCE DE LEON BLVD.  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134 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: LOVETT, LARRIE M II  
Address: 2799 NW 46TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: FARRINGTON, MILDRED  
Address: 4530 NW 27 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: HUNTER, THADDEUS  
Address: 524 NW 52 AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: MCPHEE-MOORMAN, ANN  
Address: 2774 NW 46 STREET  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: WILLIAMS, DOCIE  
Address: 4651 NW 32ND AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: LENO, CALVIN  
Address: 1681 NW 195 STREET  
City-St-Zip: MIAMI, FL 33169

**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:

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: LARRIE M. LOVETT, II.

D

05/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date