

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011280

FILED
May 23, 2009
Secretary of State

Entity Name: G. W. CARVER CLASS OF 59, INC.

Current Principal Place of Business:

10735 SW 146TH STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10735 SW 146TH STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 80-0324612 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:

Name and Address of New Registered Agent:

RUMPH, ARBIE L
10735 SW 146TH STREET
MIAMI, FL 33176 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: DP () Delete
Name: RUMPH, ARBIE L
Address: 16504 S.W. 153RD COURT
City-St-Zip: MIAMI, FL 33187

Title: DV () Delete
Name: WILLIAMS, GEORGE
Address: 3533 S.W. 173RD TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: DS () Delete
Name: BETHEL, LORRAINE
Address: 5701 S.W. 62ND AVENUE
City-St-Zip: MIAMI, FL 33143

Title: DST () Delete
Name: CORBETT, MARGARET A
Address: 10735 SW 146TH STREET
City-St-Zip: MIAMI, FL 33176

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: MARGARET A. CORBETT

DST

05/23/2009

Electronic Signature of Signing Officer or Director

Date