## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N19874

1. Entity Name

BROWNSVILLE NEIGHBORHOOD CIVIC ASSOCIATION, INC.

FILED May 12, 2005 08:00 AM Secretary of State

Principal Place of Business

3246 NW 48TH TERRACE MIAMI, FL 33142 Mailing Address

3246 NW 48TH TERRACE MIAMI, FL 33142



DO NOT WRITE IN THIS SPACE 05052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-0273534

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, EVERETT SR 3246 NW 48TH TERRACE MIAMI, FL 33142

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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 SULLARY SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE					
		Election Campaign Financ Trust Fund Contribution.	oing ·	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, EVERETT SR. 3246 N.W. 48TH TERRACE MIAMI, FL				U00000366283 05/12/05-80005-006 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, MARTHA P 3249 N.W. 51 ST. MIAMI, FL				· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS JOHNSON, GWENDOLYN 3010 N 51 ST TERRACE MIAMI, FL 33142		] -	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REAVES, JENNIE 3315 N.W. 49TH ST. MIAMI, FL		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, ERNESTINE 4875 NW 31ST AVENUE MIAMI, FL 33142				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, GLINNER H 3246 N W 48TH TERRACE MIAMI, FL				·
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), 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 it 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.					