2008 NOT-FÖR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N19874

BROWNSVILLE NEIGHBORHOOD CIVIC ASSOCIATION.

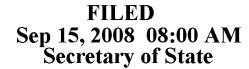


Principal Place of Business

3246 NW 48TH TERRACE MIAMI, FL 33142

Mailing Address

3246 NW 48TH TERRACE MIAMI, FL 33142





DO NOT WRITE IN THIS SPACE

09102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0273534 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement	ate of Florida. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Filing Fee Is \$61.25 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.

10. OFFICERS AND DIRECTORS TITLE NAME STEWART, EVERETT SR. STREET ADDRESS 3246 N.W. 48TH TERRACE CITY-ST-ZIP MIAMI, FL TITLE VD NAME ANDERSON, MARTHA P STREET ADDRESS 3249 N.W. 51 ST. CITY-ST-ZIP MIAMI, FL. TITLE JOHNSON, GWENDOLYN NAME STREET ADDRESS 3010 N 51 ST TERRACE CITY-ST-ZIP MIAMI, FL 33142

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TITLE NAME MARKS, MILDRED C STREET ADDRESS 3140 NW 149TH STREET CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME WILLIAMS, ERNESTINE STREET ADDRESS 4875 NW 31ST AVENUE CITY-ST-ZIP MIAMI, FL 33142 TITLE STEWART, GLINNER H NAME STREET ADDRESS 3246 N W 48TH TERRACE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

Daylime Phone #