


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19874 1. Entity Name BROWNSVILLE NEIGHBORHOOD CIVIC ASSOCIATION, INC.	
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FILED
Sep 15, 2008 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
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DO NOT WRITE IN THIS SPACE

09102008 No Chg-NP		CR2E037 (4/06)
4. FEI Number 65-0273534	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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 State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
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	RS
NAME	JOHNSON, GWENDOLYN
STREET ADDRESS	3010 N 51 ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD
NAME	MARKS, MILDRED C
STREET ADDRESS	3140 NW 149TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	WILLIAMS, ERNESTINE
STREET ADDRESS	4875 NW 31ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	STEWART, GLINNER H
STREET ADDRESS	3246 N W 48TH TERRACE
CITY-ST-ZIP	MIAMI, FL

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09/15/08-80007-006 70:00

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Everett Stewart Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____