

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N47976**

1. Entity Name

MIAMI NORTHWESTERN CLASS OF 1962, INC.



Principal Place of Business

18931 N.W. 24TH AVENUE  
MIAMI FL 33056

Mailing Address

18931 N.W. 24TH AVENUE  
MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0333156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, WENDELL  
18205 N.W. 5TH COURT  
MIAMI FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIVENS, ORSIBE	
STREET ADDRESS	% 18931 NW 24TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KINEARD, BERNDA S.	
STREET ADDRESS	% 18931 NW 24TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VVP	<input type="checkbox"/> Delete
NAME	WILLIAMS, ERNSTINE HUNTE	
STREET ADDRESS	18931 NW 24 AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, JOHNNY	
STREET ADDRESS	% 18931 NW 24TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ADDIE	
STREET ADDRESS	570 HARLEM AVENUE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, BENJAMIN (MGR.)	
STREET ADDRESS	% 18931 NW 24TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000073889
CITY-ST-ZIP	03/02/04-80055-004 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Brenda S. Kineard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/26/04*