


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90221 026 \*\*\*\*61.25

<b>DOCUMENT # N47976</b> 1. Entity Name <b>MIAMI NORTHWESTERN CLASS OF 1962, INC.</b>					
Principal Place of Business. <b>3310 NW 177TH TERR OPA LOCKA FL 33056</b>				Mailing Address <b>3310 NW 177TH TERR OPA LOCKA FL 33056</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0333156</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WHITE, WENDELL 18205 N.W. 5TH COURT MIAMI FL</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GIVENS, ORSIBE % 18931 NW 24TH AVE OPA LOCKA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KINEARD, BERND S. % 18931 NW 24TH AVE OPA LOCKA FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY JACQUELYN KING 4460 N.W. 4TH CT. PLANTATION, FL 33317</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VVP WILLIAMS, ERNSTINE HUNTE 18931 NW 24 AVE OPA LOCKA FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT JOYCE RUTHERFORD 8338 PINEVIEW CT. MIAMI, FL 33138</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BROWN, JOHNNY % 18931 NW 24TH AVE OPA LOCKA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, ADDIE 570 HARLEM AVENUE OPA LOCKA FL 33054</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINANCIAL SECRETARY DOLORES MILLER 18920 N.W. 22ND PLACE MIAMI, FL 33056</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELLIS, BENJAMIN (MGR.) % 18931 NW 24TH AVE OPA LOCKA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Orsibe Givens - Orsibe Givens 4/22/05 3056254236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #