

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90081 004 ****61.25

DOCUMENT # N47976

1. Entity Name

MIAMI NORTHWESTERN CLASS OF 1962, INC.



Principal Place of Business

3310 NW 177TH TERR
OPA LOCKA FL 33056

Mailing Address

3310 NW 177TH TERR
OPA LOCKA FL 33056

40040043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

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

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, 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, 2007

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Secretary Marthel Parline 1071 N.W. 90th St Miami Fla 33150</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jayce Rutherford 8328 N.E. 2nd Ct Miami Fla 33138</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>TS Delores Miller 8920 NW 22nd Place Miami, Fla 33056</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:

Orsibe Givens

Date: *3/19/07*