

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 605246

1. Entity Name
BAHAMA FAMILY ISLAND PROMOTION BOARD, INC.



Principal Place of Business

1200 S PINE ISLAND RD
750
PLANTATION, FL 33324 US

Mailing Address

1200 S PINE ISLAND RD
750
PLANTATION, FL 33324 US

FILED

04 FEB 12 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092004 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1881976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, KERRY
1200 S PINE ISLAND RD
SUITE #750
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BIRCH, JEFF
STREET ADDRESS SMALL HOPE BAY LODGE
CITY-ST-ZIP FREST CREEK ANDROS BAHAMAS,

TITLE VD
NAME VANCE, ELIZABETH
STREET ADDRESS 1100 LEE WAGENER BLVD STE 310
CITY-ST-ZIP FT LAUDERDALE, FL 33315

TITLE TD
NAME HEAD, ITALYA L
STREET ADDRESS BIMINI BIG GAME CLUB P O BOX 699
CITY-ST-ZIP ALICE TOWN N BIMINI BAHAMAS,

TITLE SD
NAME ALEXIOUV, EMMANUEL
STREET ADDRESS SUNCO BUILDERS CRAWFORD ST
CITY-ST-ZIP NASSAU BAHAMAS,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000029125900
02/20/04--01029--006 **150.00

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IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04

B