

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

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**



02042005 No Chg-P CR2E034 (10/03)

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 D. Kerry Fountain, EXECUTIVE DIRECTOR 2/8/05
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, 2005 Fee will be \$550.00**

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

**U00000258321
03/10/05-80036-018 150.00**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ARMBRISTER, PAMELA
7744 PETERS RD #310
PLANTATION, FL 33324**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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 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] President 2/21/05 (242) 357-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #