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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 713125

1. Corporation Name

**BAHAMIAN AMERICAN FEDERATION, INC.**

Principal Place of Business

P.O. BOX 370862  
 MIAMI FL 33137

Mailing Address

P.O. BOX 370862  
 MIAMI FL 33137



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/27/1967

4. FEI Number

59-1803551

Applied For  
 Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MOSS, JAMES M.**  
**1357 N.W. 70TH ST.**  
**MIAMI FL 33137-7862**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE P  
 NAME MOSS, JAMES M  
 STREET ADDRESS 1357 NW 70TH ST  
 CITY-ST-ZIP MIAMI, FL 00000

TITLE D  
 NAME LUTHRE, SYMONETTE  
 STREET ADDRESS 801 N.W. 3RD TERRACE  
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE D  
 NAME DANIELS, WILLIAM  
 STREET ADDRESS 1301 EAST BROWARD BLVD  
 CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE D  
 NAME FERGUSON, EDROY  
 STREET ADDRESS 3180 N.W. 157TH STREET  
 CITY-ST-ZIP OPALOCK FL 33054

TITLE D  
 NAME MOSS, SHERRI  
 STREET ADDRESS 270 N.W. 81ST STREET  
 CITY-ST-ZIP MIAMI, FL 00000 33150

TITLE D  
 NAME TAYLOR, ALPHONSO  
 STREET ADDRESS 17320 N.W. 22ND AVE  
 CITY-ST-ZIP MIAMI FL 33056

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S  Change  Addition  
 1.2 NAME CHISHOLM, HERBERT  
 1.3 STREET ADDRESS 900 N.E. 209th TERRACE  
 1.4 CITY-ST-ZIP MIAMI, FL 33179

2.1 TITLE T  Change  Addition  
 2.2 NAME MOSS, LUTHER H.  
 2.3 STREET ADDRESS 261 N.W. 55th STREET  
 2.4 CITY-ST-ZIP MIAMI, FL 33127

3.1 TITLE D  Change  Addition  
 3.2 NAME WILLIAMS MOSS, JANET  
 3.3 STREET ADDRESS 1357 N.W. 70th STREET  
 3.4 CITY-ST-ZIP MIAMI, FL 33147

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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, and provided to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MR. JAMES MOSS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99

Date

(305) 696-4374

Daytime Phone #

CR2E037 (11/98)