


2005/MAR/03/TUE 08:29 AM

FILED  
May 19, 2005 8:00 am  
Secretary of State

04-15-2005 90081 037 \*\*\*\*70.00

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N0400002997					
1. Entity Name BARBADOS CULTURAL SOCIETY OF SOUTH FLORIDA, INC.					
Principal Place of Business 1240 NE 133 STREET NORTH MIAMI, FL 33167			Mailing Address PO BOX 246412 PEMBROKE PINES, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0900028	
				Applied For <input type="checkbox"/> Not Applicable	
6. Certificate of Status Desired <input checked="" type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SELMAN, EUCLID O 1240 NE 133 STREET NORTH MIAMI, FL 33161			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when amending.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>		\$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELMAN, EUCLID O		NAME		
STREET ADDRESS	1240 NE 133 STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMALL, CORA		NAME		
STREET ADDRESS	8871 JARED WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLS, EDWARD		NAME		
STREET ADDRESS	2850 NW 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Roslyn Seal		NAME		
STREET ADDRESS	9221 Ardina Dr		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33025		CITY-ST-ZIP		
TITLE	Cheryl Wattenman	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	20340 NW 29ct		NAME		
STREET ADDRESS	Candl City, FL 33056		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Sonja P Dixon	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2015 S.W 123rd Dr		NAME		
STREET ADDRESS	MIA FL 33177		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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 my signature, with full power to do so.					
SIGNATURE: _____			5/5/05		
<small>SIGNATURE TYPED OR PRINTED NAME OF MISSING OFFICER OR DIRECTOR</small>			<small>DATE</small>		

66017879



03082005 Chg-NP CR2E037 (10/03)

Applied For  Not Applicable

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FL Zip Code

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Due by May 1, 2005

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Trust Fund Contributor

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SIGNATURE: \_\_\_\_\_ DATE: 5/5/05

SIGNATURE TYPED OR PRINTED NAME OF MISSING OFFICER OR DIRECTOR

DATE