


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:20

DOCUMENT # N04000002997

1. Entity Name
BARBADOS CULTURAL SOCIETY OF SOUTH FLORIDA, INC.



Principal Place of Business
1240 NE 133 STREET
NORTH MIAMI, FL 33161

Mailing Address
PO BOX 245412
PEMBROKE PINES, FL 33024

800072742468
04/28/06--01033--021 **70.00



2. Principal Place of Business
9221 Andoma DR
Suite, Apt. #, etc.

3. Mailing Address
PO Box 245412
Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State
Minaman, FL

City & State
Pembroke Pines, A

Zip
33025 Country
Broward

Zip
33024 Country
Broward

4. FEI Number
20-0980028

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SELMAN, EUCLID O
1240 NE 133 STREET
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent
Name
Sealy, Roslyn
Street Address (P.O. Box Number is Not Acceptable)
9221 Andoma DR
City
Minaman FL Zip Code
33025

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 **Roslyn Sealy, President** DATE **3/13/06**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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		
TITLE	P	<input type="checkbox"/> Delete
NAME	SELMAN, EUCLID O	
STREET ADDRESS	1240 NE 133 STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMALL, CORA	
STREET ADDRESS	8571 JARED WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICHOLS, EDWARD	
STREET ADDRESS	2850 NW 8TH STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEALY, ROSLYN	
STREET ADDRESS	9221 ANDOMA DR	
CITY-ST-ZIP	MINAMAN, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATENMAN, CHERYL	
STREET ADDRESS	20340 NW 29 CT	
CITY-ST-ZIP	CANON CITY, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, SONIA P	
STREET ADDRESS	20115 SW 123RD DR	
CITY-ST-ZIP	MIAMI, FL 33177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sealy, Roslyn	
STREET ADDRESS	9221 Andoma DR	
CITY-ST-ZIP	Minaman, FL 33025	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholls, Edward	
STREET ADDRESS	2850 NW 8th Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dixon, Sonia P	
STREET ADDRESS	20115 SW 123 Drive	
CITY-ST-ZIP	Miami, FL 33177	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernie Solomon	
STREET ADDRESS	1520 NW 173 Street	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bannow, Heather	
STREET ADDRESS	4829 NW 58th Avenue	
CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fonde Solis	
STREET ADDRESS	3515 NW 114 ave Suite 50478	
CITY-ST-ZIP	Miami, FL 33178	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: **Roslyn Sealy** DATE: **3/13/06** DAYTIME PHONE #: **954 437-8362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR