

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002104

**Entity Name:** ANTIGUA AND BARBUDA ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1010 N HIAWASSEE ROAD  
ORLANDO, FL 32818

**Current Mailing Address:**

P.O. BOX 682744  
ORLANDO, FL 32868

**FEI Number: 59-3698320**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANTIGUA & BARBUDA ASSOCIATION OF CENTRAL FLORIDA  
1010 NORTH HIAWASSEE ROAD  
ORLANDO, FL 32818 US

*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.*

**SIGNATURE: LYNNETTE JOB**

**01/24/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VP
Name	GEORGES-JOB, LYNNETTE	Name	TONGE, EUSTON
Address	P.O. BOX 682744	Address	P.O. BOX 682744
City-State-Zip:	ORLANDO FL 32868	City-State-Zip:	ORLANDO FL 32868
Title	TREASURER	Title	SECRETARY
Name	FRIDAY, JOHN	Name	TONGE, ETNIE
Address	P.O. BOX 682744	Address	P.O. BOX 682744
City-State-Zip:	ORLANDO FL 32868	City-State-Zip:	ORLANDO FL 32868

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LYNNETTE GEORGES - JOB**

**PRESIDENT**

**01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date