

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012764

Entity Name: BAHAMAS STRONG ALLIANCE INC.**Current Principal Place of Business:**301 W. ATLANTIC AVE., STE. 0-5
DELRAY BEACH, FL 33444**Current Mailing Address:**301 W. ATLANTIC AVE., STE.0-5
DELRAY BEACH, FL 33444**FEI Number:** 85-3921071**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST. N. STE.300
ST. PETERSBURG, FL 33702 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, TREASURER
Name LARSON, SUSAN
Address 301 W. ATLANTIC AVE., STE. 0-5
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name HOLOWESKO, ALESSANDRA
Address 301 W. ATLANTIC AVE., STE. 0-5
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR, SECRETARY
Name LYONS, LUCY
Address 301 W. ATLANTIC AVE., STE. 0-5
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name VOIGTMAN, JON
Address 301 W. ATLANTIC AVE., STE. 0-5
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name HERNANDEZ, DINO
Address 301 W. ATLANTIC AVE., STE. 0-5
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name STEVENS, KIRSTEN
Address 301 W. ATLANTIC AVE., STE. 0-5
City-State-Zip: DELRAY BEACH FL 33444

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: KIRSTEN STEVENS**DIRECTOR****05/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date