

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37089

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC4696091062**

**Entity Name:** ANTIGUA AND BARBUDA ASSOCIATION OF SOUTH FLORIDA  
INC

**Current Principal Place of Business:**

7814 NW 1 STREET  
MARGATE, FL 33063

**Current Mailing Address:**

7814 NW 1 STREET  
MARGATE, FL 33063 US

**FEI Number:** 65-1021683

**Certificate of Status Desired:** No

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

FRANCIS, LEON  
10835 SW 157TH TERRACE  
MIAMI, FL 33157 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 DP  
Name BARNES, DESIREE H  
Address 7814 NW 1 STREET  
City-State-Zip: MARGATE FL 33063

Title DVP  
Name BERMAN, JESSICA  
Address 633 NE 9TH AVE  
City-State-Zip: FT. LAUDERDALE FL 33304

Title DT  
Name JAMES, OSIE  
Address 4400 NW 36TH STREET  
APT 409  
City-State-Zip: LAUDERDALE LAKES FL 33025

Title DS  
Name STEVENSON, GEORGE  
Address 1950 NE 173RD STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title PRO  
Name SURALEIGH, LEMUEL  
Address 11455 NE 41ST STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title ASST SECRETARY, / ASSISTAN PRO  
Name ADAMS, SHARLENE  
Address P O BOX 4464  
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASST TREASURER  
Name RICHARDS CAINES, PATRICIA  
Address 7713 KIMBERLY BLVD  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title LEGAL ASSISTANT  
Name BARNES, DESIREE  
Address 1 EAST BROWARD BLVD  
SUITE 1800  
City-State-Zip: FORT LAUDERDALE FL 33301

**Continues on page 2**

*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:** DESIREE H BARNES

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PARLIAMENTARIAN  
Name            NICHOLAS, JOSEPH REV PHD  
Address        1880 NW 183RD STREET  
City-State-Zip: MIAMI GARDENS FL 33056