

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746844 (0)

1. Corporation Name

MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE, INC.



Principal Place of Business

Mailing Address

**3430 WILLIAM AVE.
P O BOX 330052
MIAMI FL 33133**

**3430 WILLIAM AVE.
P O BOX 330052
MIAMI FL 33133**

3. Date Incorporated or Qualified
04/23/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1916996

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, DAVID
3523 MARLER AVENUE
MIAMI FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **LEE, DOROTHY P**
STREET ADDRESS **3459 PERCIVAL AVE**
CITY-ST-ZIP **MIAMI, FL 00000**

11 TITLE **PD** ☐ Change ☒ Addition
12 NAME **ALBURY, ANDREW**
13 STREET ADDRESS **11341 S.W. 155TH STREET**
14 CITY-ST-ZIP **MIAMI, FL. 33157**

TITLE **D** ☒ DELETE
NAME **WILLIAMS, JOHN**
STREET ADDRESS **12215 SW 118TH LANE**
CITY-ST-ZIP **MIAMI, FL 00000**

21 TITLE **STAYLOR, MARY** ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS **15001 N.E. 14TH AVE**
24 CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **PD** ☒ DELETE
NAME **SANDS, ERNEST M**
STREET ADDRESS **6061 S.W. 63RD CT.**
CITY-ST-ZIP **MIAMI, FL 00000**

31 TITLE **D** ☐ Change ☒ Addition
32 NAME **SANDS, ERNEST M**
33 STREET ADDRESS **6061 S.W. 63RD CT**
34 CITY-ST-ZIP **MIAMI, FL. 331**

TITLE **CD** ☐ DELETE
NAME **ROLLE, FRANKIE S**
STREET ADDRESS **3430 WILLIAM AVE.**
CITY-ST-ZIP **MIAMI, FL 00000**

41 TITLE **VPD** ☐ Change ☒ Addition
42 NAME **WHITE, DAVID**
43 STREET ADDRESS **3523 MARLER AVE**
44 CITY-ST-ZIP **MIAMI, FL. 33133**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE **VPD** ☐ Change ☒ Addition
52 NAME **JENNINGS, MILES C. JR.**
53 STREET ADDRESS **3471 OAK AVE**
54 CITY-ST-ZIP **MIAMI, FL. 33138**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANDREW ALBURY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

(305) 253-3544
Daytime Phone #

CR2E037 (12/95)