## 5-3-98 156513 FILE NOW: FILING FEE IS \$61.25



COF ANNU	NONPROFIT CORPORATION NUAL REPORT  1998  FLORIDA DEPART  Sendra B.  Secretary DIVISION OF CO		Mortha y of State	m	May 05 1998 8:00a Secretary of State		
POCUMENT # 746844 (0)							
MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE, INC.							
Principal Place of Business Mailing Address					C 1984U soon diene fater som dratt brok dien Etbit bilde artil dien fil	ji	
		3430 WILLIAM AVE. P O BOX 330052			3. Date Incorporated or Qualified		
MIAMI FL 3313		MIAMI FL 33133			<b>04/23/1979</b> 4. FEI Number Applied For		
			-		<b>59-1916996</b> Not Applice	_	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additiona Fee Required	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5,00 May Be		
27					Trust Fund Contribution Added to Fees		
City & Stat	le	City & State			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Count	try	8. This corporation owes or has paid the current year Intangible		
24	9. Name and Address of Curre		30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
			8	1 Name		_	
LEE, DOROTHY P.				2 Street A	ddress (P.O. Box Number is Not Acceptable)		
3459 PERCIVAL AVENUE MIAMI FL 33133			ē	(3)			
MANAMA C	L 33133		L		lee I Zio Codo		
				4 City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation' agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					orporation submits this statement for the purpose of changing its register tration's board of directors. I hereby accept the appointment as registere	red d	
	m familiar with, and accept the obli	gations of, Section 617.0503, Flor	rida Statut	les.			
SIGNATURE	Signature, typed or printed name of registered a			lgeni signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	6	
12.	OFFICERS AI	ND DIRECTORS  DELETE	13.	F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	LEE, DOROTHY P		1.2 NAM	1		1) 12	
STREET ADDRESS	3459 PERCIVAL AVE	• • • • • • • • • • • • • • • • • • • •		ET ADORESS		يَا	
CITY-ST-ZIP TITLE			1.4 CITY 2.1 TITLE	-ST-ZIP	☐ Change ☐ Addi		
HAME	TAYLOR, MARY	<del></del>		- 1			
STREET ADDRESS	15001 N.E. 14TH AVE		2.3 STRE	ET ADDRESS	Reconstruction of the second		
CITY-ST-Z#P			_	r - \$1 - ZIP	Chance Class	Hon	
TITLE NAME	D SANDS, ERNEST M	☐ DELETE	3.1 TITLE 3.2 NAM	1	LJ Change Li Addi	(iOI)	
STREET ADDRESS	6061 S.W. 63RD CT			ET ADDRESS		]	
CITY-ST-ZIP	MIAMI, FL 00000	· · · · · · · · · · · · · · · · · · ·	3.4. CITY	(-ST-ZIP			
MILE	CD CDANKIE C			i	Change Addi	tion	
NAME Street address	ROLLE, FRANKIE S s 3430 WILLIAM AVE.		4. 2 NAM 4.3 STRE	EET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		1	-ST-ZIP			
TITLE	•		5.1 TITLE		☐ Change ☐ Addi	tion	
NAME STREET ADDRESS	ALBURY, ANDREW 11341 SW 155TH STREET		5.2 NAM 5.3 STRE	E ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1	-ST-ZIP			
TITLE	<b>VPD</b> □ D€LETE		6.1 TITLE		☐ Change ☐ Addi	tion	
NAME	JENNINGS, MILES C. JR.		6.2 NAM	1			
STREET ADDRESS	3471 OAK AVE		6.3 STRE	ET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

DOROTHY P. LEE

(305) 448-9501

**FILED**