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**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90088 020 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 746844**

1. Corporation Name

**MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE, INC.**

Principal Place of Business

3430 WILLIAM AVE.  
P O BOX 330052  
MIAMI FL 33133

Mailing Address

3430 WILLIAM AVE.  
P O BOX 330052  
MIAMI FL 33133



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

04/23/1979

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

9. Name and Address of Current Registered Agent

LEE, DOROTHY P.  
3459 PERCIVAL AVENUE  
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

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

TITLE **SD** ☒ DELETE  
NAME **TAYLOR, MARY**  
STREET ADDRESS **15001 N.E. 14TH AVE**  
CITY-ST-ZIP **MIAMI, FL 00000**

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

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

TITLE **AB** ☒ DELETE  
NAME **ALBURY, ANDREW**  
STREET ADDRESS **11341 SW 155TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** ☐ DELETE  
NAME **JENNINGS, MILES C. JR.**  
STREET ADDRESS **3471 OAK AVE**  
CITY-ST-ZIP **MIAMI FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **T D**  
2.3 STREET ADDRESS **BENTLEY, T. WYMAN**  
**10331 S.W. 167th ST.**  
2.4 CITY-ST-ZIP **MIAMI, FL 33176**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Dorothy P. Lee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

305-448-9501

Daytime Phone #

CR25037 (11/98)