

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90009 003 ****70.00

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1. Entity Name

MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE, INC.



Principal Place of Business

**4716 BROOKER STREET
MIAMI FL 33133**

Mailing Address

**P.O. BOX 330052
MIAMI FL 33133**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1916996

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

2nd MOORE

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

**LEE, DOROTHY P.
3459 PERCIVAL AVENUE
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **LEE, DOROTHY P**
STREET ADDRESS **3459 PERCIVAL AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
NAME **BAKER, ANNIE B**
STREET ADDRESS **3802 OAK AVE.**
CITY - ST - ZIP **MIAMI FL**

TITLE **VPD** ☒ Delete
NAME **MITCHELL, MELODIE**
STREET ADDRESS **4716 BROOKER ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
NAME **BAKER, LEONA C**
STREET ADDRESS **201 WASHINGTON DR**
CITY - ST - ZIP **MIAMI FL**

TITLE **PD** ☒ Delete
NAME **JACKMAN, MARSHA E**
STREET ADDRESS **18480 SW 77TH COURT**
CITY - ST - ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME **VPD**
STREET ADDRESS **Leon Dixon**
CITY - ST - ZIP **3506 Solana RD.
Miami, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Mitchell Melodie**
CITY - ST - ZIP **4716 Brooker St.
Miami, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annie B. Baker* **Annie B. Baker** **9/5/06** **Cell 305-766-3261**