

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746844

FILED
Apr 06, 2009
Secretary of State

Entity Name: MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE, INC.

Current Principal Place of Business:

4716 BROOKER STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 330052
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-1916996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LEE, DOROTHY P.
Address: 3459 PERCIVAL AVE
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: BAKER, ANNIE B
Address: 3802 OAK AVE.
City-St-Zip: MIAMI, FL

Title: VPD () Delete
Name: DIXON, LEON
Address: 3506 SOLANA RD
City-St-Zip: MIAMI, FL 33133

Title: SD () Delete
Name: BAKER, LEONA C
Address: 201 WASHINGTON DR
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: MITCHELL, MELODIE
Address: 4716 BROOKER ST
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LEE, DOROTHY P.
Address: 3459 PERCIVAL AVE
City-St-Zip: MIAMI, FL 33133

Title: TD (X) Change () Addition
Name: COX, DAVID
Address: 9120 SW 173RD STREET
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WALLACE, GINA
Address: 3027 OHIO STREET
City-St-Zip: MIAMI, FL 33133

Title: PD (X) Change () Addition
Name: GIBSON, CHARLES A
Address: 3634 GRAND AVENUE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES A. GIBSON

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date