

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003897**

1. Entity Name  
**BAHAMIAN NATIONAL ASSOCIATION, INC.**



Principal Place of Business  
**4829 S LEE RD  
DELRAY BEACH, FL 33445**

Mailing Address  
**PO BOX 1316  
DELRAY BEACH, FL 33447**



04072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1024012</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**RAMSEY, SABRINA  
4829 S LEE RD  
DELRAY BEACH, FL 33445**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000112826  
04/14/04-80039-007 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LIGHTHOUSE, VIRGINIA 550 NW 12TH AVE APT D BOYNTON BEACH, FL 33435</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDT CAMPBELL, LYNDIA 227 SW 3RD AVENUE DELRAY BEACH, FL 33444</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDD BENNEN, MICHAEL 10010 BOYNTON PLACE CIRCLE #128 BOYNTON BEACH, FL 33437</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRDT CARTER, DIANNE 265 STERLING AVENUE DELRAY BEACH, FL 33444</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RAMSEY, SABRINA 4829 S LEE ROAD DELRAY BEACH, FL 33445</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/04**

Date

**(361) 496-3654**

Daytime Phone #