

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90782 013 ****70.00

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1. Entity Name

BAHAMAS NATIONAL COMMITTEE FOR YOUTH RENEWAL, INC.



Principal Place of Business

PO BOX N7938
NASSAU, BAHAMAS

Mailing Address

PO BOX N7938
NASSAU, BAHAMAS

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0403-816

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PKWY.
CAPE CORAL FL 33904-9604**

7. Name and Address of New Registered Agent

Name

Same

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 May 1, 2004**

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 ☐ Delete
NAME **MCINTOSH, SHARELL ALI**
STREET ADDRESS **PO BOX N7938**
CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE ☐ Delete
NAME **ROLLE, GLEN P**
STREET ADDRESS **PO BOX N7938**
CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE ☐ Delete
NAME **FORD, WILLIAM G**
STREET ADDRESS **PO BOX N7938**
CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE ☐ Delete
NAME **FORBES, PATRICK**
STREET ADDRESS **PO BOX N7938**
CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE ☐ Delete
NAME **ADDERLEY, SHARMAINE**
STREET ADDRESS **PO BOX N7938**
CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE ☒ Delete
NAME **THOMPSON, SAMUEL J**
STREET ADDRESS **PO BOX N7938**
CITY-ST-ZIP **NASSAU, BAHAMAS**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **IVAN D. Rolle**
STREET ADDRESS **P.O. Box N-7938**
CITY-ST-ZIP **NASSAU, Bahamas**

TITLE ☐ Change ☒ Addition
NAME **Patrice T. Smith**
STREET ADDRESS **Same as others**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Carl Johnson**
STREET ADDRESS **Same as others**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Clerk Yamma St. Fleve**
STREET ADDRESS **Same as others**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Eloise Dean**
STREET ADDRESS **Same as others**
CITY-ST-ZIP

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 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

27-4-04

Date

242-423-2709
242-341-2529

Daytime Phone #