

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

DOCUMENT# N03000006812

**FILED**  
**Sep 14, 2004**  
**Secretary of State****Entity Name:** NATIONAL ASSOCIATION OF THE BAHAMAS, INC ORLANDO CHAPTER**Current Principal Place of Business:**P.O. BOX 162531  
ALTAMONTE SPRINGS, FL 32716-253**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 162531  
ALTAMONTE SPRINGS, FL 32716-253 US**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LYLES, LAVERN G  
1460 LAKE SHADOW CIRCLE  
7108  
MAITLAND, FL 32751 US**Name and Address of New Registered Agent:**LYLES, LAVERN G  
1582 DUBLIN RD  
DELTONA, FL 32738 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: LAVERN LYLES

09/14/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LYLES, LAVERN G  
Address: 1460 LAKE SHADOW CIRCLE #7108  
City-St-Zip: MAITLAND, FL 32751 US

Title: VP ( ) Delete  
Name: GODET, JOHN A  
Address: 9833 CARMEL PARK DR  
City-St-Zip: ORLANDO, FL 32817 US

Title: T ( ) Delete  
Name: COAKLEY, TROY  
Address: 7648 LAKE GANDY CIRCLE  
City-St-Zip: ORLANDO, FL 32810 US

Title: AT ( ) Delete  
Name: WILSON, WOODROW  
Address: 1730 BENTWAY CT.  
City-St-Zip: ORLANDO, FL 32818 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LYLES, LAVERN G  
Address: 1582 DUBLIN RD  
City-St-Zip: DELTONA, FL 32738 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAVERN LYLES

P

09/14/2004

Electronic Signature of Signing Officer or Director

Date