

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000071

FILED
Mar 15, 2006
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF BARBADOS ORGANIZATIONS, INC.

Current Principal Place of Business:

4799 COCONUT CREEK PARKWAY
125
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

4799 COCONUT CREEK PARKWAY
125
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MICHAEL, CUMMINS
4799 COCONUT CREEK PARKWAY
125
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CUMMINS, MICHAEL
Address: 1032 RIVER STREET
City-St-Zip: HYDE PARK, MA 02136

Title: VP () Delete
Name: ASHBY, EARL
Address: 95 BUSHNELL STREET
City-St-Zip: DORCHESTER, MA 02124

Title: SEC () Delete
Name: BISPHAM, JANICE
Address: 3644 N.W. 116TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TREA () Delete
Name: ELLIS, JOHN
Address: 8 DONNA LANE
City-St-Zip: WINDSOR, CT 06095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: JORDAN, JACQUELINE
Address: 3069 CARLSBAD COURT
City-St-Zip: OVIEDO, FL 32765

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 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: MICHAEL CUMMINS

PRES

03/15/2006

Electronic Signature of Signing Officer or Director

Date