

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000071

FILED  
May 23, 2007  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF BARBADOS ORGANIZATIONS, INC.

**Current Principal Place of Business:**

4799 COCONUT CREEK PARKWAY  
BOX 125  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

1700 MEETING PLACE  
BOX 208  
ORLANDO, FL 32814

**Current Mailing Address:**

4799 COCONUT CREEK PARKWAY  
BOX 125  
COCONUT CREEK, FL 33063

**New Mailing Address:**

1700 MEETING PLACE  
BOX 208  
ORLANDO, FL 32814

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

MICHAEL, CUMMINS  
1700 MEETING PLACE  
208  
ORLANDO, FL 32814 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: \_\_\_\_\_

05/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: SEC ( ) Delete  
Name: BISPHAM, JANICE  
Address: 4799 COCONUT CREEK PARKWAY  
City-St-Zip: COCONUT CREEK, FL 33063

Title: T ( ) 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: 1700 MEETING PLACE, #208  
City-St-Zip: ORLANDO, FL 32814

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

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: MIKE CUMMINS

CHRN

05/23/2007

Electronic Signature of Signing Officer or Director

Date