## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000071

FILED Jan 24, 2008 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF BARBADOS ORGANIZATIONS, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1919 CRANE CREEK BOULEVARD

MELBOURNE, FL 32940

**Current Mailing Address:** 

1700 MEETING PLACE

ORLANDO, FL 32814

**BOX 208** 

**New Mailing Address:** 

1700 MEETING PLACE P.O. BOX 67055 **BOX 208** 

CORAL SPRINGS, FL 33067 ORLANDO, FL 32814

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MICHAEL, CUMMINS MICHAEL, CUMMINS 1919 CRÁNE CREEK BOULEVARD 1700 MEETING PLACE MELBOURNE, FL 32940

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: 01/24/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHRM () Delete (X) Change ( ) Addition

CUMMINS, MICHAEL ASHBY, EARL Name: Name: 1032 RIVER STREET Address: 29 RIDGEVIEW AVENUE Address: City-St-Zip: HYDE PARK, MA 02136 City-St-Zip: MATTAPAN, MA 02126

Title: VCHR Title: VCHR () Delete (X) Change ( ) Addition

ASHBY, EARL Name: ELLIS, JOHN Name: Address: 95 BUSHNELL STREET Address: 8 DONNA LANE City-St-Zip: DORCHESTER, MA 02124 City-St-Zip: WINDSOR, CT 06095

Title: SEC () Delete Title: SEC (X) Change ( ) Addition

JORDAN, JACQUELINE MAYNARD, PAULINE Name: Name: 1700 MEETING PLACE, #208 Address: Address: 8202 TAHOMA DRIVE City-St-Zip: ORLANDO, FL 32814 City-St-Zip: SILVER SPRING, MD 20903

( ) Delete Title: Title: (X) Change ( ) Addition

GREENIDGE, MARTIN Name: ELLIS, JOHN Name: 1919 CRANE CREEK BOULEVARD Address: 8 DONNA LANE Address:

City-St-Zip: WINDSOR, CT 06095 City-St-Zip: MELBOURNE, FL 32940

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: EARL ASHBY CHRM 01/24/2008