

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000071

FILED  
Mar 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1919 CRANE CREEK BOULEVARD  
MELBOURNE, FL 32940

**New Principal Place of Business:**

1171 FLOWER STREET, NW  
MELBOURNE, FL 32907

**Current Mailing Address:**

P.O. BOX 670755  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

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

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

MICHAEL, CUMMINS  
1919 CRANE CREEK BOULEVARD  
MELBOURNE, FL 32940 US

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

MICHAEL, CUMMINS  
1171 FLOWER STREET, NW  
MELBOURNE, FL 32907 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: MICHAEL CUMMINS

03/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHRM ( ) Delete  
Name: ASHBY, EARL  
Address: 29 RIDGEVIEW AVENUE  
City-St-Zip: MATTAPAN, MA 02126

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

Title: SEC ( ) Delete  
Name: MAYNARD, PAULINE  
Address: 8202 TAHOMA DRIVE  
City-St-Zip: SILVER SPRING, MD 20903

Title: T ( ) Delete  
Name: GREENIDGE, MARTIN  
Address: 1919 CRANE CREEK BOULEVARD  
City-St-Zip: MELBOURNE, FL 32940

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

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

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

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

Title: T (X) Change ( ) Addition  
Name: GREENIDGE, MARTIN  
Address: 11644 E. MAPLEDALE STREET  
City-St-Zip: NORWALK, CA 90650

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: MICHAEL CUMMINS

RA

03/03/2009

Electronic Signature of Signing Officer or Director

Date