## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000003205

**Current Principal Place of Business:** 

City-St-Zip:

SEC.

TREA

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

DELRAY BEACH, FL 33445 US

NEWBOLD, HELEN

ROKER, MARLENA

802 NE 2ND COURT

JOSEY, DOROTHY

532 SOUTH D STREET

LAKE WORTH, FL 33460 US

( ) Delete

() Delete

BOYNTON BEACH, FL 33435 US

(X) Delete

707 W BOULEVARD CHATELAINE

DELRAY BEACH, FL 33445

Entity Name: BAHAMIAN CULTURAL FEST, INC.

FILED Apr 04, 2008 Secretary of State

**New Principal Place of Business:** 

201 SW 6TH AVE. DELRAY BEACH, FL 33444	US			
Current Mailing Address:		New Mailing Address:		
201 SW 6TH AVE. DELRAY BEACH, FL 33444	US	709 SW 7TH AVE. DELRAY BEACH, FL 33444	US	
FEI Number: 20-8770089 FEI N	Number Applied For ( ) FE	Number Not Applicable ( )	rtificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New	Name and Address of New Registered Agent:	
HOWARD, ROBERT L 201 SW 6TH AVE. DELRAY BEACH, FL 33444	US	DASSIE, JOHN B DIR. 709 SW 7TH AVE. DELRAY BEACH, FL 33444	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: JOHN B. DASSI	ΙΕ		04/04/2008	
Electronic Sigr	nature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: DIR. ( ) Delete Name: DASSIE, JOHN B Address: 709 SW 7TH AVE. City-St-Zip: DELRAY BEACH, FL 3	3444 US	Title: ( ) Cha Name: Address: City-St-Zip:	inge()Addition	
Title: CHMN () Delete Name: ROKER, JEANNIE Address: 418 SW 15TH TERRAC City-St-Zip: DELRAY BEACH, FL 3		Title: ( ) Cha Name: Address: City-St-Zip:	nge ( ) Addition	
Title: DIR. ( ) Delete Name: BRENNEN, MICHAEL Address: 3518 AVENUE MONTRE	ESOR	Title: ( ) Cha Name: Address:	nge()Addition	

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.

City-St-Zip:

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MARLENA ROKER TREA 04/04/2008

() Change () Addition

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