

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90072 003 \*\*\*\*61.25

**DOCUMENT # N38679**

1. Corporation Name

**SOUTH FLORIDA GUYANESE ASSOCIATION, INC.**

Principal Place of Business

**4440 NW 11TH ST  
LAUDERHILL FL 33313**

Mailing Address

**4440 NW 11TH ST  
LAUDERHILL FL 33313**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**06/18/1990**

4. FEI Number

**65-0201288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HYMAN, GEORGE R.  
4200 NW 35 AVENUE  
LAUDERDALE HILLS FL 33309**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **NORVILLE, CYRIL**  
STREET ADDRESS **4440 NW 11TH ST**  
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **SD** ☐ DELETE  
NAME **KERSTING, ELIZABETH**  
STREET ADDRESS **2608 NW 47TH LANE**  
CITY-ST-ZIP **LAUDERDALE LAEKS FL**

TITLE **VPD** ☐ DELETE  
NAME **BAKER, COLIN**  
STREET ADDRESS **6115 NW 186TH STREET #301**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **S-D** ☒ Change ☐ Addition  
2.2 NAME **KERSTING, ELIZABETH**  
2.3 STREET ADDRESS **5320 NW 11th ST Apt 103**  
2.4 CITY-ST-ZIP **PLANTATION FL 33313**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **BAKER, COLIN**  
3.3 STREET ADDRESS **5048 SW 130 TERR**  
3.4 CITY-ST-ZIP **MIRAMAR FL 33027**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-99**

Date

**954.792.0056**

Daytime Phone #

CR2E037 (11/98)