

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38679

FILED
Jan 28, 2004
Secretary of State

Entity Name: SOUTH FLORIDA GUYANESE ASSOCIATION, INC.

Current Principal Place of Business:

5048 SW 130TH TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

4440 NW 11TH ST
LAUDERHILL, FL 33313

New Mailing Address:

5048 SW 130TH TERRACE
MIRAMAR, FL 33027

FEI Number: 65-0201288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAKER, COLIN
Address: 5048 SW 130TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: SD () Delete
Name: KERSTING, ELIZABETH
Address: 5820 NW 11TH ST. APT. 103
City-St-Zip: PLANTATION, FL 33313

Title: VPD () Delete
Name: GONSALVES, CHRIS
Address: 2501 NW 41 AVENUE
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: WRIGHT, VICTOR
Address: 82 GABLES BLVD.
City-St-Zip: WESTON, FL 33326

Title: VPD (X) Change () Addition
Name: GILES, ANTHONY
Address: 19381 SW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: COLIN BAKER

PD

01/28/2004

Electronic Signature of Signing Officer or Director

Date