

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38679

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA GUYANESE ASSOCIATION, INC.

**Current Principal Place of Business:**

14557 SW 94 LN  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14557 SW 94 LN  
MIAMI, FL 33186

**New Mailing Address:**

**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: LENNOX, GRIFFITH  
Address: 14557 SW 94 LN  
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete  
Name: NARAIN, PAM  
Address: 2632 NW 65 AVE  
City-St-Zip: MARGATE, FL 33063

Title: VPD ( ) Delete  
Name: CRAIG, WILFRED  
Address: 16835 SW 107 CT  
City-St-Zip: MIAMI, FL 33157

Title: TD ( ) Delete  
Name: GILES, ANTHONY  
Address: 19381 SW 2 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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

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: ANTHONY GILES

TD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date