
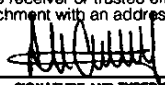


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90016 038 ****70.00

DOCUMENT # N93000003428					
1. Entity Name THE NATIONAL ASSOCIATION OF THE BAHAMAS, INC.					
Principal Place of Business 1200 PINE ISLAND ROAD SUITE 750 PLANTATION, FL 33324 US			Mailing Address P.O. BOX 630009 MIAMI, FL 33163		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, EARL A 10240 SW 15TH ST PEMBROKE PINES, FL 33025				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, DONNA			NAME	
STREET ADDRESS	1535 NW 8TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125			CITY-ST-ZIP	
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JANET			NAME	
STREET ADDRESS	730 N.W. 50TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, ROSAMON L			NAME	
STREET ADDRESS	11260 S.W. 138 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART-SMITH, FAYE			NAME	
STREET ADDRESS	20733 NW 2ND AVE			STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33169			CITY-ST-ZIP	
TITLE	EXD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EARL			NAME	
STREET ADDRESS	10240 SW 15TH ST			STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025			CITY-ST-ZIP	
TITLE	SC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, RUBYANN			NAME	
STREET ADDRESS	432 NW 111 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168			CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		ROSAMON L. GOMEZ President 8/24/05 954-236-9292		Date Daytime Phone #	