

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003428

FILED
Jul 15, 2008
Secretary of State

Entity Name: THE NATIONAL ASSOCIATION OF THE BAHAMAS, INC.

Current Principal Place of Business:

1200 PINE ISLAND ROAD
SUITE 750
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 630009
MIAMI, FL 33163

New Mailing Address:

P.O. BOX 162039
MIAMI, FL 33116

FEI Number: 65-0525850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, EARL A
10240 SW 15TH ST
PEMBROKE PINES, FL 33025 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: T () Delete
Name: ASH, DONNA
Address: 1535 NW 8TH TERRACE
City-St-Zip: MIAMI, FL 33125

Title: C () Delete
Name: JACKSON, JANET
Address: 730 N.W. 50TH STREET
City-St-Zip: MIAMI, FL 33127

Title: P () Delete
Name: GOMEZ, ROSAMON L
Address: 11260 S.W. 138 STREET
City-St-Zip: MIAMI, FL 33176

Title: EXD () Delete
Name: MILLER, EARL
Address: 10240 SW 15TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SC () Delete
Name: BRADSHAW, RUBYANN
Address: 432 NW 111 TERRACE
City-St-Zip: MIAMI, FL 33168

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:

Title: VP (X) Change () Addition
Name: BRADSHAW, RUBYANN
Address: 432 NW 111 TERRACE
City-St-Zip: MIAMI, FL 33168

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: ROSAMON L. GOMEZ

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07/15/2008

Electronic Signature of Signing Officer or Director

_____ Date