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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000956 (1)

1. Corporation Name
THE BARBADOS CULTURAL AND EDUCATIONAL SOCIETY OF FLORIDA, INC.



Principal Place of Business Mailing Address
10170 N.W. 10 STREET PLANTATION FL 33322 10170 N.W. 10 STREET PLANTATION FL 33322-6526

3. Date Incorporated or Qualified 02/27/1995 3a. Date of Last Report 02/16/1996

2. Principal Place of Business 21 P.O. BOX 15721 2a. Mailing Address 26 P-O Box 15721
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0558944 Applied For Not Applicable

22 City & State 23 Ft Lauderdale, Fla 27 City & State 28 Ft Lauderdale, Fla
24 Zip 25 33318 29 Zip 30 33318 26 Country 27 USA 30 Country 30 USA

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMBERBATCH, DELBERT F
10170 N.W. 10 STREET
PLANTATION FL 33322

81 Name Bentley Hunte
82 Street Address (P.O. Box Number is Not Acceptable) 12322 W Sample Road
83
84 City Coral Spring FL 85 Zip Code 33065

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CUMBERBATCH, DELBERT F | |
| STREET ADDRESS | 10170 N.W. 10 STREET | |
| CITY - ST - ZIP | PLANTATION FL 33322 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SEALY, ROSLYN | |
| STREET ADDRESS | 9221 ANDORA DRIVE | |
| CITY - ST - ZIP | MIRAMAR FL 33025 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAHAM, CHRISTINA | |
| STREET ADDRESS | 1213 NW 6 AVE | |
| CITY - ST - ZIP | FT LAUDERDALE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | IFILL, KEITH A | |
| STREET ADDRESS | 3211 LUCERNE WAY | |
| CITY - ST - ZIP | MIRAMAR FL | |
| TITLE | ATD | <input type="checkbox"/> DELETE |
| NAME | DENNY, MARVENE NURSE | |
| STREET ADDRESS | 811 E PALM RUN DR | |
| CITY - ST - ZIP | N LAUDERDALE FL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | BARROW, CHERRON | |
| STREET ADDRESS | 12049 NW 9 CT | |
| CITY - ST - ZIP | CORAL SPRINGS FL | |

| | | |
|---------------------|----------------------------|--|
| 1.1 TITLE | President/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Hunte, Bentley | |
| 1.3 STREET ADDRESS | 12322 W Sample Road | |
| 1.4 CITY - ST - ZIP | Coral Spring, Fla 33065 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | Vice President/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Edward Nichols | |
| 3.3 STREET ADDRESS | 2850 NW 8th St | |
| 3.4 CITY - ST - ZIP | Pompano Beach Fla 33069 | |
| 4.1 TITLE | Treasurer/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Norris, Dennis | |
| 4.3 STREET ADDRESS | 10125 SW 16th # 204 | |
| 4.4 CITY - ST - ZIP | Pembroke Pines, Fla 33025 | |
| 5.1 TITLE | Asst. Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Ferdinand - Betty, Claudia | |
| 5.3 STREET ADDRESS | 6990 NW 13 ct | |
| 5.4 CITY - ST - ZIP | Sunrise, Fla 33313 | |
| 6.1 TITLE | Asst. Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Haynes, Wendell | |
| 6.3 STREET ADDRESS | 420 NW 184th | |
| 6.4 CITY - ST - ZIP | Miami, Fla 33169 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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, changed, or on an attachment with an address.

SIGNATURE: Roslyn Sealy Roslyn Sealy 2/27/97 777-2060 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037045

CR2E037 (9/96)